



ASSESSOR APPLICATION AND INFORMATION SHEET

LOCATION: LAS VEGAS, NV
DATES: June 17 - 24, 2007

Schedule arrival in time to attend Pre-Tournament Clinic on the afternoon of Sunday, June 17.
[Please type or print legibly and dark]

Name _____
Last Proper First Name USSF#

Address _____ City/State _____ Zip _____

Home Phone _____ Work/Cell Phone _____ Birthdate _____
(mm/dd/yyyy)

E-mail address _____ Previous Experience at Region IV Tournament _____ (in years)

Assessor Experience

Current USSF Assessor Grade: [Associate-9] [Assessor-7] [State Prov.-6] [State-5] [National-3]

Date Attained Current Grade: _____

Current USSF Referee Grade [08] [07] [06] [05] [04-03] [Emeritus]

Games: U16 and under U19/18/17 Other Amateur Top Amateur/Div I National/Regional

Current Year: _____
Career: _____

Days Available: MON: TUE: WED: FRI: SAT: SUN:

Airline Travel Information

Flt # _____ Arrival Time _____ Arrival Date _____
Flt # _____ Departure Time _____ Departure Date _____

Emergency Contact Person _____ Phone Number _____

Medical Insurance Carrier _____ Medical Insurance Policy # _____

If you are associated with a team, coach or player participating in this competition please complete the following:

Age Group: _____ State: _____ Team Name: _____ Relationship: _____

I hereby certify that I have completed all Assessor registration requirements of USSF for this year. I understand that submitting this selection form represents a firm commitment on my part to assess at the competition noted above, should I be selected.

Date form completed: _____ Signature of Assessor: _____

Assessor: Mail this completed application to your state SDA without delay.

I hereby certify that the information submitted by the above Assessor has been verified by me. I recommend that this Assessor be favorably considered for participation in the above competition. I further certify that this Assessor has completed all registration requirements of USSF for this year.

SDA Signature: _____ Date: _____