



## 2<sup>nd</sup> Annual Soaring Over Jurupa Open Invitational Tournament Referee Information Form

I plan to bring a referee team to the tournament Y/N: \_\_\_\_\_

Referee Information Form Date: \_\_\_\_\_

Region: \_\_\_\_\_ Team Name: \_\_\_\_\_

Coach Name: \_\_\_\_\_

Age Division:      U-10      U-12      U-14      U-16      U-19      Boys      Girls      Coed

### Referee Team Contact Person

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Provide the following information for each referee.

- For "Badge Level", insert R = Regional, I = Intermediate, A = Advanced, N = National. Also the date they were certified at that level.
- In each box under "Center/Assistant/Boys/Girls", provide the highest level they are competent to referee (e.g. BU-10, GU-12, etc.)
- In "Player on Team", indicate if the referee has a child who is playing in the tournament on this team.

|   | Referee Name | Badge Level | Certification Date | Center |       | Assistant |       | Player on Team (Y/N) | Home Phone/ Email |
|---|--------------|-------------|--------------------|--------|-------|-----------|-------|----------------------|-------------------|
|   |              |             |                    | Boys   | Girls | Boys      | Girls |                      |                   |
| 1 |              |             |                    |        |       |           |       |                      |                   |
| 2 |              |             |                    |        |       |           |       |                      |                   |
| 3 |              |             |                    |        |       |           |       |                      |                   |
| 4 |              |             |                    |        |       |           |       |                      |                   |

Each referee will receive a tournament T-Shirt. Please indicate sizes needed. All sizes are Adult.

|                         | XXL | XL | L | M | S |
|-------------------------|-----|----|---|---|---|
| Number of Shirts Needed |     |    |   |   |   |

\_\_\_\_\_  
Regional Referee Administrator's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

**By my signature below, I certify that all referees listed are trained and Safe Haven certified AYSO referees and qualified for officiating U-10 through U-14 games as indicated above.**

\_\_\_\_\_  
RRA Signature and date (Blue ink please)

\_\_\_\_\_  
Area Referee Administrator's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

**By my signature below, I certify that all referees listed are trained and Safe Haven certified AYSO referees and qualified for officiating U-16 and U-19 games as indicated above.**

\_\_\_\_\_  
ARA Signature and date (Blue ink please)