AYSO Section 14 State Games Tournament
Referee Information Form

Referee Information Form Date:

Region: _____ **Team Name:** _____

Coach Name: _____

Age Division: **U-10** **U12** **U14** **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)	Cell Phone/ Email
				Boys	Girls	Boys	Girls		
1									
2									
3									

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 certified AYSO referees and qualified for officiating U-10 through U-14 games.

_____
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 certified AYSO referees and qualified for officiating U-16 and U-19 games.

_____
ARA Signature and date (Blue ink please)