

REFEREE FORM FOR 10U-14U TEAMS
2019 Island's Best Tournament, December 27-29, 2019

Each tournament team is asked to supply a team of three (3) properly dressed and qualified referees. Each referee will be assigned duty times and locations and will be responsible for officiating games at assigned times. A referee must not be listed for more than one team. **REFEREES MUST SHOW UP IN PROPER UNIFORM AT LEAST THIRTY MINUTES PRIOR TO THE START OF EACH SCHEDULED GAME TIME ASSIGNED.** Teams advancing out of pool play will be required to provide a referee team of three for the playoffs, if needed. Failure to do so will result in the forfeiture of all or part of the referee deposit.

Head Coach's Name: _____ B/G _____ Age Group: _____

Telephone: _____ Email address: _____

Our Team (check one): **WILL** (___) **WILL NOT** (___) supply a qualified Referee Team for our assignments. We realize that we will forfeit the referee deposit if we do not supply a qualified team.

Referee #1 Name: _____ Years Experience: _____ Age if less than 18: _____

Telephone: _____ Email address: _____

Does Referee #1 want to be considered for semi and final game(s) on Saturday? Yes ___ Sunday? Yes ___

AYSO Badge Level (Check One): National ___ Advanced ___ Intermediate ___ Regional ___

Level of Competence	10U B	10UG	12U B	12UG	14UB	14UG	16UB	16UG	18UB	18UG
Center Referee										
Assistant Referee										

Referee #2 Name: _____ Years Experience: _____ Age if less than 18: _____

Telephone: _____ Email address: _____

Does Referee #1 want to be considered for semi and final game(s) on Saturday? Yes ___ Sunday? Yes ___

AYSO Badge Level (Check One): National ___ Advanced ___ Intermediate ___ Regional ___

Level of Competence	10U B	10UG	12U B	12UG	14UB	14UG	16UB	16UG	18UB	18UG
Center Referee										
Assistant Referee										

Referee #3 Name: _____ Years Experience: _____ Age if less than 18: _____

Telephone: _____ Email address: _____

Does Referee #1 want to be considered for semi and final game(s) on Saturday? Yes ___ Sunday? Yes ___

AYSO Badge Level (Check One): National ___ Advanced ___ Intermediate ___ Regional ___

Level of Competence	10U B	10UG	12U B	12UG	14UB	14UG	16UB	16UG	18UB	18UG
Center Referee										
Assistant Referee										

Verified by (check one) Regional Referee Administrator _____ **or Regional Commissioner** _____

Name (Print): _____ Signature): _____

Telephone: _____ email address: _____

Comments: _____

This form must be sent in by December 01, 2019 to Kris Cannella at kelliuhuli01@gmail.com.