

## **REFEREE FORM FOR 10U, 12U, 14U, 16U & 19U TEAMS**

AYSO RAINBOW TOURNAMENT, July 04, 2024 - July 7, 2024 Waipio Soccer Park

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. 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 on Saturday, July 6 Yes \_\_\_\_\_; On Sunday, July 7 Yes \_\_\_\_\_

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

Level of Competence	U19 B	U19 G	U16 B	U16 G	U14 B	U14 G	U12 B	U12 B	U10 B	U10G
Center Referee										
Assistant Referee										

**Referee #2** Name: \_\_\_\_\_ Years Experience: \_\_\_\_\_ Age if less than 18: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Does Referee #2 want to be considered for semi and final game(s) on Saturday, July 6 Yes \_\_\_\_\_; On Sunday, July 7 Yes \_\_\_\_\_

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

Level of Competence	U19 B	U19 G	U16 B	U16 G	U14 B	U14 G	U12 B	U12 B	U10 B	U10G
Center Referee										
Assistant Referee										

**Referee #3** Name: \_\_\_\_\_ Years Experience: \_\_\_\_\_ Age if less than 18: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Does Referee #3 want to be considered for semi and final game(s) on Saturday, July 6 Yes \_\_\_\_\_; On Sunday, July 7 Yes \_\_\_\_\_

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

Level of Competence	U19 B	U19 G	U16 B	U16 G	U14 B	U14 G	U12 B	U12 B	U10 B	U10G
Center Referee										
Assistant Referee										

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

Name (Print): \_\_\_\_\_ (Signature): \_\_\_\_\_

Telephone: \_\_\_\_\_ email address: \_\_\_\_\_

Comments: \_\_\_\_\_

If you're an AYSO referee who needs an assessment(s) to complete upgrade requirements, you're an AYSO referee assessor candidate who needs an over-the-shoulder assessment(s) to complete assessor certification, or you're an AYSO referee assessor who's available to assess referees during RBT, contact RBT Referee Coordinator Chris Lewis.

**This form must be returned by June 05, 2024 to the Registrar by email to:**

[registerforrainbow@gmail.com](mailto:registerforrainbow@gmail.com).