



Port Huron SummerFest Tournament
June 20-21, 2026

Lightfoot Fields at Port Huron Township Park

Please Return completed forms to: belms@wowway.com AND
jeff.boisvert@ayso8c.org

Referee Information Sheet and Tournament Referee Application Form

Personal Information:

Name: _____ Region: _____ Age (if under 19): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Shirt Size: _____

Certification Information:

Current Referee Grade:

Regional Intermediate Advanced National

Comfort level:

Center Referee: 8U 10U 12U 15U 19U

Assistant Referee: 8U 10U 12U 15U 19U

Availability Information:

Saturday All Day Specific Times: _____

Sunday All Day Specific Times: _____

I am bringing a referee team from my region. Please schedule me with the following referees:

Assessments:

Assessments should only be requested after completing the in-person training for the requested level.

Intermediate observation

Assessment for Advanced: Center AR

Conflicts:

I coach, have children on, or have conflicts with the following teams:

Coach Name	Team Name	Player Name	Age Level
_____	_____	_____	_____
_____	_____	_____	_____