

COSTA MESA CLASSIC SOCCER TOURNAMENT



700NDED 196"											
I plan to bring	a referee team	urnament \	nament Y/N: Referee In				formation Form Date:				
Region:	Т	eam Name	e:								
Coach Name:											
Age Division:	U-10	U-12	U-14		U-16	ι	J-19	Boys	Gi	irls	Coed
Referee Team	Contact Perso	n									
Name: _					_ Ema	ail Addı	ress:				
Day Phone:					Eve	ning Pl	none:				
In each box	Level", insert R = under "Center/As Team", indicate	Regional, I sistant/Boys	= Intermedia s/Girls", prov	ide the h	ighest l	evel the	y are co	mpetent to re	eferee (e.g.		
				Center		Assistant		Player			
Refer	ee Name	Badge Level	Certifica- tion Date	Boys	Girls	Boys	Girls	on Team (Y/N)	Hon	ne Phone/	[/] Email
1								_			
2											
2											
3											
4								_			
Each referee wi	ill receive a tou	nament T-	-Shirt. Pleas	se indica	ate size	es need	led. All	sizes are A	dult.		
Number of Shirt		XL XL	L M	S							
TAULIDEL OF OHIL	IS NEEDEU										
Regional Refere	ee Administrator's	s Name		Phone	Numbe	er			En	mail	
By my signatu qualified for of								Haven cert	ified AYS	O refere	es and
			RRA Sigr	ature an	d date ((Blue ink	(please))			
Area Referee Administrator's Name					e Numb	per		Email			
By my signatu qualified for of							d Safe	Haven cert	ified AYS	O refere	es and