TOUTH SOCCER OR CANUATION	Chino AYSO Region 67 2024 AYSO Milkcan Referee Information Form							
I plan to bring a referee team to the tournament Y/N:					Referee Inform			
Region:		Team Name:						
Coach Name:								
Age Division:	U-10	U-12	U-14	U-10	6 U-19	Boys	Girls	Coed
Referee Team Cont	act Per	son						

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.

				Center		Assistant		Player	
	Referee Name	Badge Level	Certifica- tion Date	Boys	Girls	Boys	Girls	on Team (Y/N)	Home Phone/ Email
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Each referee will receive a tournament T-Shirt. Please indicate sizes needed. All sizes are Adult.

	XXL	XL	L	Μ	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)

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)