

6th Annual American Heroes Cup Tournament

Referee	Information	Form

								ER RDS
I plan to bring a refer	ee team to	the tournam	nent Y/N:	Refe				
Region:	T	eam Name:						
Coach Name:								
Age Division:	10U	12U	14U	16U	19U	Boys	Girls	Coed
Referee Team Contact Person								

Name:

Day Phone:

Provide the following information for each referee. PRINT CLEARLY

For "Badge Level", insert R = Regional, I = Intermediate, A = Advanced, N = National. Also the date they were certified at that level. •

Email Address:

Evening Phone:

- In each box under "Center/Assistant/Boys/Girls", provide the highest level they are competent to referee (e.g. 10UB, 12UG, etc.)
- In "Player on Team", indicate if the referee has a child who is playing in the tournament on this team.

				Center		Assistant		Player	
		Badge	Certifica-					on Team	
	Referee Name	Level	tion Date	Boys	Girls	Boys	Girls	(Y/N)	Home Phone/ Email
1									
1									
_									
2									
3									
4									
-									

Each referee will receive a tournament T-Shirt. Please indicate sizes needed. All sizes are Adult.

	77L	٨L	L	IVI	3			
Number of Shirts Needed								
Regional Referee Administrato	r's Name)	_		Pho		Email	
By my signature below, I certify that all referees listed are trained and Safe Haven certified AYSO referees and qualified for officiating 10U through 14U games as indicated above.								
		F	RRAS	Signat	ure ar	ink please)		

Area Referee Administrator's Name

Phone Number

Email

N HER

By my signature below, I certify that all referees listed are trained and Safe Haven certified AYSO referees and qualified for officiating 16U and 19U games as indicated above.