



APPLICATION TO REFEREE
26th Annual Portage Soccer Classic Tournament
June 8 - 10, 2012

Name: _____ Home Phone: _____
 Address: _____ Cell Phone _____
 City: _____ State: _____ Zip: _____

Experience: USSF Yr, Ref. Grade: USSF ID:

Age: _____ Email: _____

Who is your area assignor?_

****YOU MUST BE USSF CERTIFIED TO REFEREE IN OUR TOURNAMENT****

Please mark the boxes you are comfortable with as a referee or assistant referee

	U9		U10		U11		U12		U13		U14		U15		U16		U17		U18		U19	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
Referee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am able to ref on Friday night: _____ Saturday: _____ Sunday: _____

If you live **AT LEAST** 50 miles away you may take advantage of a free hotel room by committing to work at least 5 games – 3 Sat. & 2 Sun. **YES**

*Please note that we have limited rooms and they are on a first come basis.

Scheduling Limitations: In scheduling me, please take into account the following constraints – time, coaching, team connection (age-group, gender). Please indicate below:

Please indicate below any other referee certifications or experience you have:

NOTE:

1. All communications will be by E-mail, so be sure to enter an E-mail address which you check on a daily basis.
2. For information, please contact: pscreffing@yahoo.com
3. If mailing this application, send to:

Debi Genisio
 8651 Swan
 Kalamazoo, MI 49009
 269-375-8521

Date application received: _____