

1st Annual Area B Tournament Referee Roster



| Coach Name: Age Division: U-10 U-12 U-14 U-16 U-19 Boys Girls Coed Referee Team Contact Person Name: Email Address: Day 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. Referee Name Badge Certifica- Referee Name Level tion Date Boys Girls Boys Girls (Y/N) Home Phone/Email Center Assistant Player Ton Team Te | Region: | To | eam Name | e: | | | | | | | | |
|--|----------------------|-------------------|---------------|---------------|-----------|-----------|------------|------------|--------------|----------------|---------------|--------------|
| Referee Team Contact Person Name: | Coach Name: | | | | | | | | | | | |
| Name: | Age Division: | U-10 | U-12 | U-14 | | U-16 | U | J-19 | Boys | (| Sirls | Coed |
| Day Phone: Evening Phone: 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 on Team", indicate if the referee has a child who is playing in the tournament on this team. Referee Name Badge Certifica- Boys Girls Boys Girls (Y/N) Home Phone/Email | Referee Team C | ontact Perso | n | | | | | | | | | |
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| Referee Name Badge Level tion Date Boys Girls Boys Girls (Y/N) Referee Name Level tion Date Boys Girls Boys Girls (Y/N) Home Phone/ Email Acach referee will receive a tournament T-Shirt. Please indicate sizes needed. All sizes are Adult. Number of Shirts Needed Regional Referee Administrator's Name Phone Number Phone Number Phone Number Signature below, I certify that all referees listed are current volunteers registered in Blue Sombrero, traine and Safe Haven certified AYSO referees and qualified for officiating U-10 through U-14 games as indicated above ARA Signature and date (Blue ink please) Area Referee Administrator's Name Phone Number Email | | | - | - | | | - | - | | , - | BU-10, GI | U-12, etc.) |
| Referee Name Re | In "Player on Te | am", indicate if | the referee | has a child v | vho is pl | laying in | the tour | nament | on this team | ۱. | | |
| Referee Name Badge Certification Date Boys Girls Boys Girls Team (Y/N) Home Phone/ Email | | | | | Cer | nter | Assi | stant | - | | | |
| 1 | Dofo | o Nama | _ | | Boy's | Cirlo | Boys | Cirlo | Team | L1. | ma Dhan- | / Email |
| Area Referee Administrator's Name Cach referee will receive a tournament T-Shirt. Please indicate sizes needed. All sizes are Adult. Cach referee will receive a tournament T-Shirt. Please indicate sizes needed. All sizes are Adult. XXL | | e name | Level | tion Date | Boys | GITIS | Boys | GITIS | (Y/IN) | П | me Phone | / Email |
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