



MYSC Octoberfest

Reddan Soccer Park Verona, WI

October 15, 16, & 17, 2010



Referee Request for Assignments (RFA)

Pay Scale:

U9-U10
\$17

U11-U12
\$25/\$17/\$17

U13-U14
\$32/\$25/\$25

U15-U16
\$42/\$35/\$35

U17-U19
\$48/\$40/\$40

PLEASE PRINT

Name _____ USSF Level _____

Address _____ Age _____

City _____ ST _____ ZIP _____ ← Be sure to fill these out

Telephone Numbers:

Home () _____ Work () _____ Cell () _____

Email address (Please print clearly): _____ @ _____

I. I request to be assigned during the following times: (ex: 7:00am - 7:00pm)

(possible) Friday: _____ - _____ Saturday: _____ - _____ Sunday : _____ - _____

II. I feel comfortable doing games at the following levels:

U09 Ref__	U13 Ref__ AR__	U17 Ref__ AR__
U10 Ref__	U14 Ref__ AR__	U18/19 Ref__ AR__
U11 Ref__ AR__	U15 Ref__ AR__	
U12 Ref__ AR__	U16 Ref__ AR__	

III. Preferred number of games / break schedule so I can do my best: (ex: 3 Break 3)

Saturday: _____ Break _____ Sunday : _____ Break _____

IV. Are you associated with a team in this tournament? Yes _____ No _____

If yes, as a player ____, a coach ____, and/or a parent/sibling ____.

Which team? _____

(Please be as specific as possible with team name—be sure to include age level)

V. In keeping with the *Code of Ethics for Referees*, I intend to honor this commitment provided I am informed of my assignments either by e-mail or postal mail by October 8, 2010.

Signature _____

Date _____ / _____ / _____

Mail it to **Bob Anderson**, 1305 Monica Ln, Madison, WI 53704 or FAX it to (608)849-9657
Phone: 608-246-0698

Please return form by September 17, 2010