

Reddan Toe Bash

Reddan Soccer Park

Saturday & Sunday, September 24, 25, 26, 2010

Referee Request for Assignments (RFA)

Name _____ USSF Level _____

Address _____ Age _____

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

Phone: Home _____ Work _____ Cell _____

Email address (Please print clearly): _____ @ _____

I. I request to be assigned during the following times: (ex: or 8:00am - 7:00pm)

Saturday: _____ - _____

Sunday: _____ - _____

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

U11 Ref ___ AR ___ U13 Ref ___ AR ___ U15 Ref ___ AR ___

U12 Ref ___ AR ___ U14 Ref ___ AR ___ U16 Ref ___ AR ___

U17 Ref ___ AR ___ U18 Ref ___ AR ___ U19 Ref ___ AR ___

III. Are you associated with a team in this tournament? ___ Yes ___ No

If yes, as ___ a player, ___ a coach, ___ a parent/sibling. Which team? _____

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

IV. In keeping with the *Code of Ethics for Referees*, I intend to honor this commitment provided I am informed by email of my assignments by September 18, 2010.

Signature Date

Mail it to MAYSA, ATTN: Linda Huttenhoff, 5964 Executive Dr., Madison, WI 53719 or FAX it to (608)276-0119. Please return the form by August 31, 2010.

Referee Fees (subject to change without notice):

U11 & U12: \$20/\$15/\$15; U13 & U14: \$25/\$20/\$20; U15 – U19: \$30/\$25/\$25