

# MAYSA CUP

Reddan Soccer Park

Friday, Saturday & Sunday, May 14, 15 & 16, 2010

## Referee Request for Assignments (RFA)

**This is a Recreational Tournament so Level 9 referees are strongly encouraged to apply!!!**

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)

Friday: \_\_\_\_\_ - \_\_\_\_\_ (4pm – 8pm)

Saturday: \_\_\_\_\_ - \_\_\_\_\_

Sunday: \_\_\_\_\_ - \_\_\_\_\_

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

U08 Ref\_\_\_ U09 Ref\_\_\_ U10 Ref\_\_\_ U11 Ref\_\_\_ AR\_\_\_ U12 Ref\_\_\_ AR\_\_\_

U13 Ref\_\_\_ AR\_\_\_ U14 Ref\_\_\_ AR\_\_\_ High School Small-Sided \_\_\_ (if enough teams apply)

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 May 7, 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 this form by April 23, 2010.

Referee Fees (subject to change without notice):

U8: \$10; U9 & 10: \$15; U11 & U12: \$20/\$15/\$15; U13 & U14: \$25/\$20/\$20; U15 – U19: \$30 (solo center)