

Michigan Soccer Classic Memorial Day Tournament Tournament Referee Application September 3-6, 2010

248-941-5160

LAS1978@comcast.net

Name _____ Risk Mgt # _____ (if over 18)
 Home Ph _____ Work _____ Cell _____
 Address _____
 City _____ State _____ Zip Code _____
 Email: _____ 2nd Email _____

Are you USSF Certified? YES NO Referee Grade: 9 8 7 6
 How long have you been a referee? _____ years Referee Age: _____

Referee Experience (Check all boxes that you can referee)

Referee Position	U8/9		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	X	B	X	B	X	B	X
Center																						
Line																						

Scheduling limitations (are you or relatives playing/coaching a team? If so which team(s)) _____

If you are signing up as a referee crew, please list other referees in your group. Each referee **MUST** fill out his/her own Tournament Referee Application.

Name: _____ Cell _____
 Name: _____ Cell _____

REFEREE AVAILABILITY					
Day/Date	<u>Morning</u> Start Time	<u>End Time</u>	<u>Afternoon</u> Start Time	<u>End Time</u>	<u>Max Games</u> Per Day
Fri/Sep 3					
Sat/Sep 4					
Sun/Sep 5					
Mon/Sep 6					

Please fill in application and return to:
 Michigan Soccer Classic, P.O. Box 70502, Rochester Hills, MI 48307
 Or email to LAS1978@comcast.net