



Sponsored by AYSO Region 54 Cerritos, California



2008 CERRITOS AYSO REGION 54 THANKSGIVING INVITATIONAL TOURNAMENT

REFEREE INFORMATION FORM

1. Each team participating in the Tournament is expected to provide a three (3) person referee crew. The only system for officiating is the diagonal system control. All the referees must be AYSO trained and Safe Haven certified. Referees crews shall wear matching uniforms and appropriate badges. The referees should be capable of refereeing the age group of the team they are representing.
2. Each referee will receive a meal ticket, pin, flip coin, and t-shirt.
3. Each referee team will be asked to referee a minimum of three matches during the course of the Tournament. If the Tournament Referee Administrator does not need a referee team to officiate all of their matches, the referee team will receive credit for that scheduled game. No partial credit will be given. All scheduled games must be completed for a full referee deposit refund.
4. The Tournament will not be a success without qualified referees. Please refer any questions regarding referees and scheduling to the Tournament Referee Administrator.
5. Referee deposit per team is \$250.00 (deposit will be fully refunded within fourteen days of the conclusion of the Tournament). No partial credit will be given to referee crews that cannot complete their scheduled game assignments.

Coach's Name: _____ Phone: _____

Division: _____ Boy/Girls Region Name: _____ Region #: _____

Referee #1:

Name: _____ Phone: _____

Address: _____

E-mail address: _____

Referee Badge Level: Regional Intermediate Advanced National

Referee #2:

Name: _____ Phone: _____

Address: _____

E-mail address: _____

Referee Badge Level: Regional Intermediate Advanced National

Referee #3:

Name: _____ Phone: _____

Address: _____

E-mail address: _____

Referee Badge Level: Regional Intermediate Advanced National

Match Age Qualified for: U-19 U-16 U-14 U-12 U-10 Boys or Girls

Will not be supplying referees: _____

Team's Regional Referee Administrator's Name: (Print) _____ **Phone #:** _____

Team's Regional Referee Administrator Signature: _____ **Date:** _____

By signing this form, the RRA confirms that these referees are capable of officiating these matches.

Area Referee Administrator Signature: _____ **Date:** _____

Must be signed above by ARA if Referees indicate capability to officiate U16 and/or U19 matches

THIS FORM IS DUE BEFORE NOVEMBER 15, 2008

****Please note** - for complete Referee information, refer to the Tournament Referee Plan and the Rules and Regulations.**