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|  | **Santa Ynez A.Y.S.O. Region 180****2024 Winter Classic**Referee Information Form |  |
| I plan to bring a referee team to the tournament Y/N: |  | Referee Information Form Date: |  |
| Region: |  | Team Name: |  |
| Coach Name: |  |  |  |
| **Age Division:** |  | **U-10** |  | **U-12** |  | **U-14** |  |  | **Boys** |  | **Girls** |  | **Coed** |

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| **Referee Team Contact Person** |
| **Name:** |  | **Email Address:** |  |
| **Day Phone:** |  | **Evening Phone:** |  |

Provide the following information for each referee.

* For “Badge Level”, insert R = Regional, I = Intermediate, A = Advanced, N = National. Also the date they were certified at that level.
* In each box under “Center/Assistant/Boys/Girls”, provide the highest level they are competent to referee (e.g. BU-10, GU-12, etc.)
* In “Player on Team”, indicate if the referee has a child who is playing in the tournament on this team.

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|  | Referee Name | Badge Level | Certifica-tion Date | Center | Assistant | Player on Team (Y/N) | Home Phone/ Email |
| Boys | Girls | Boys | Girls |
| 1 |  |  |  |  |  |  |  |  |  |
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| 3 |  |  |  |  |  |  |  |  |  |
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| Regional Referee Administrator’s Name |  | Phone Number |  | Email |
| **By my signature below, I certify that all referees listed are trained and Safe Sport certified AYSO referees and qualified for officiating U-10 through U-14 games as indicated above.** |
|  |
| RRA Signature and date (Blue ink please) |

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| Area Referee Administrator’s Name |  | Phone Number |  | Email |
| **By my signature below, I certify that all referees listed are trained and Safe Sport certified AYSO referees and qualified for officiating U-10 through U-14 games as indicated above.** |
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| ARA Signature and date (Blue ink please) |