

**EAST RIDGE SOCCER ASSOCIATION
REFEREE APPLICATION**

**PLEASE PRINT THE FOLLOWING INFORMATION
CLEARLY**

Name _____

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Email (please print) _____

I am a Grade _____ Referee. How long at this Grade? _____ Age, I am _____

Name of your assignor _____ I need an assessment Yes No

I am available for 1 day 2 Days - Which Day/Days _____

Are you affiliated with any of the teams who are playing in the Tournament? Yes No

If yes, name of team. _____ Age group _____

Please return the information sheet to the Referee Assignor at the address below.

**Mail to; Kenny Seagroves
 152 Battleview Dr., Ringgold, GA 30736**

Email; nwga_soccer@yahoo.com