

East Ridge Adidas Cup Tournament

August 24-26, 2007

Referee Information Form

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Phone (H) (_____) _____ (W) (_____) _____ Cell (_____) _____

E-Mail Address _____

Age ____ Date of Birth ____/____/____ Health Problems _____

Insurance Company _____

League _____ State Assoc. _____ Geographic Area _____

Referee Grade _____ Date Grade Attained ____/____/____ Date of Initial Certification ____/____/____

Your Referee Assignor _____ Their Phone Number (_____) _____

Are you affiliated with any of the teams playing in this tournament? Yes _____ No _____

If yes, please provide the Age Group _____ Sex _____ Team Name _____

Relative _____ Coach _____ Other _____

Would you like to be scheduled so you can watch this team play? Yes _____ No _____

Please provide the approximately # of games you have completed in the past 12 months for each age group below:

	Center	Line		Center	Line
U9	_____	_____	U10	_____	_____
U-11/12	_____	_____	U-13/14	_____	_____
U-15/16	_____	_____	U-17+	_____	_____

Please put an "X" next to the times that you would be able to do games at this tournament (if you are available all day, check all times - breaks will be factored in when the schedule is prepared):

Sat. 8 am___ 9:30 am___ 11 am___ 12:30 pm___ 2 pm___ 3:30 pm___ 5 pm___ 6:30 pm___ 8 pm___

Sun. 8 am___ 9:30 am___ 11 am___ 12:30 pm___ 2 pm___ 3:30 pm___ 5 pm___ 6:30 pm___

Will you need lodging? Yes _____ No _____ Friday _____ Saturday _____

Name of Roommate _____

