

AYSO Tournament Official Submission Form

Region: _____ Team Referee For: Division of Team Representing _____

Team Name _____ Coach's Name _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Home E-Mail _____

Work Phone _____ Work E-Mail _____

Fax Number _____ If Youth Referee, Birthday _____

Cell Phone _____

Referee Certifications

- Assistant Referee
- Referee (U8)
- Regional Referee
- Area/Intermediate
- Section/Advanced
- National 2
- National 1/National
- National Federation
- USSF Grade _____
- Other _____

I, the Regional Commissioner or Regional Referee Administrator of the region designated above, do hereby certify that the official identified above and submitted to the tournament meets the qualifications checked below:

- Tournament Assistant Referee Qualifications**
 1. Assistant or Regional Referee or higher and AYSO Safe Haven Referee Certification
 2. Minimum of 25 games as an AR or center referee in Divisions U10 or higher over the past 3 years **OR** Minimum of 10 games as an AR or center referee in Divisions U10 or higher during the current season
 3. **AND** with at least 5 games as AR in the Team's division during the season just previous to the tournament
- Tournament Referee Qualifications**
 1. Regional Referee or higher and AYSO Safe Haven Referee Certification
 2. Minimum of 25 games as center referee in Divisions U10 or higher over the past 3 years **OR** Minimum of 10 games as center referee in Divisions U10 or higher during the current season
 3. **AND** with at least 5 games as center in the Team's division during the season just prior to the tournament.
- Tournament Advanced Referee Qualifications**
 1. Area/Intermediate Referee or higher and AYSO Safe Haven Referee Certification
 2. Minimum of 25 games as center referee in Divisions U14 or higher over the past 3 years **OR** Minimum of 10 games as center referee in Divisions U14 or higher during the current season
 3. **AND** with at least 5 games as center in the Team's division during the season just prior to the tournament.

RC or RRA

Signature: _____

Date: _____

Preferred/Qualified Divisions	Center	<input type="checkbox"/> U19	<input type="checkbox"/> U16	<input type="checkbox"/> U14	<input type="checkbox"/> U12	<input type="checkbox"/> U10
	AR	<input type="checkbox"/> U19	<input type="checkbox"/> U16	<input type="checkbox"/> U14	<input type="checkbox"/> U12	<input type="checkbox"/> U10

This referee would like to have an upgrade assessment at the Tournament. **Current Grade** _____

In order to avoid schedule conflicts, please list the teams for which this Referee has children playing or will be coaching in the tournament. Only schedule conflicts with the first team listed can be guaranteed to be avoided. Others will be considered if possible. Also note any other information we should consider in the scheduling.

Team Name/Coach

Division

- 1st Priority for Schedulers
- Available on Saturday
- Available on Sunday

Other scheduling information: _____