AYSO Region 12 South Bay Aviation Cup
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-8**		**U-10**		**U-12**		**U-14**				**Boys**		**Girls**		**Coed**

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.

	Referee Name	Badge Level	Certification Date	Center		Assistant		Player on Team (Y/N)	Home Phone/ Email
				Boys	Girls	Boys	Girls		
1									
2									
3									
4									

Each referee will receive a tournament T-Shirt. Please indicate sizes needed. All sizes are Adult.

	XXL	XL	L	M	S
Number of Shirts Needed					

Regional Referee Administrator’s Name		Phone Number		Email

By my signature below, I certify that all referees listed are trained and Safe Haven certified AYSO referees and qualified for officiating U-10 through U-14 games as indicated above.

RRA Signature and date (Blue ink please)

Area Referee Administrator’s Name		Phone Number		Email

By my signature below, I certify that all referees listed are trained and Safe Haven certified AYSO referees.

ARA Signature and date (Blue ink please)