

Cedar Point Bowling Green Soccer Challenge

REFEREE AVAILABILITY FORM

LOCATION/DATE: Bowling Green, OH – May 1-2, 2010

Last Name:		First Name:	
Address:		City/St	
Zip:		Email:	
Home Phone: (Area Code First)		Work or Cell Phone:	
Age:		Date of Birth:	

Days Available:	All:	Sat:	Sun:
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(Mark an X in the Box below for Your Grade)

2010 2009

USSF Grade:		
Year Attained Current Grade		

COMFORT LEVEL: WHAT TYPES OF GAMES DO YOU FEEL YOU CAN HANDLE. Mark an X in the box below the age group for Referee and Assistant Referee

Age Group:	U18	U17	U16	U15	U14	U13	U12	U10	U9
REFEREE:									
ASST REF:									

Is the REFEREE in any way associated with a team, coach or player participating in this Tournament or are you playing in the tournament?

If yes, please name the team, coach or player and explain the relationship.

Team Name:		Age Group:	U	Boys	Girls		
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Relationship:

Do Not Complete Below, Assignor Use Only

Conflicts: Saturday Sunday

ASSIGNMENTS

Saturday May 2				Sunday May 3			
Time	Field	Age	R / AR	Time	Field	Age	R / AR

E-mail ASAP to parseja@yahoo.com or Mail ASAP or no later than April 10, 2010 to Cedar Point Bowling Green Soccer Challenge, 1101 Bourgoigne Ave, Bowling Green Ohio 43402