

HYSA Youth Referee Mentorship Program

APPLICATION FORM

Applicant _____ USSF ID No. _____

Address _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Name of Parent/Guardian _____

Relationship _____ Contact Number _____

Are you registered with a HYSA team and will be playing in the Oahu League during the Spring season? If so, please provide us with your team name/number

I, _____, would like to participate in the HYSA Youth Referee Mentorship Program and in doing so agree to do at least three (3) games during the 2010 HSL U12 Season.

Applicant's Signature _____

Parent/Guardian's Signature _____

*Mail Application Form by **March 12, 2010** to:*

HYSA YOUTH REFEREE MENTORSHIP PROGRAM

c/o 990 Ala Nanala St., #15C

Honolulu, HI 96818

hlassignor@yahoo.com