



**REFEREE APPLICATION  
AND INFORMATION SHEET**  
2007 Hawaii State Championships

**LOCATION:** Waipio Peninsula Soccer Complex, Waipahu, Hawaii

**DATES:** May 26, 2007 - May 28, 2007

Please type or print legible and dark

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Bus \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax \_\_\_\_\_

Current USSF Grade  5  6  7  8  12  Emeritus

**COMFORT LEVEL:** What types of games do you feel more comfortable working as a referee or an assistant referee?

Referee  U18  U16  U14  U12  Boys  Girls

Asst Ref  U18  U16  U14  U12  Boys  Girls

**AVAILABILITY:** May 26  AM Only  PM Only  Any Time

May 27  AM Only  PM Only  Any Time

May 28  AM Only  PM Only  Any Time

Are you associated with a team, coach or player participating in this tournament?  No  Yes

If yes, please fill in the following: Team(s) \_\_\_\_\_ Age Group \_\_\_\_\_ Relationship \_\_\_\_\_

**EMERGENCY INFORMATION:**

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Medical Insurance Policy Number \_\_\_\_\_

I understand that submitting this form represents a firm commitment on my part to referee at the 2007 Hawaii State Championships. I also understand that I may be assessed a penalty of a game and a half cancellation fee if the assignor is not notified **72 hours prior** to my scheduled assignment.

**NOTE:** E-mail cancellations will not be accepted within the 72 hours. Please call Lila at 456-9351 (home), 591-9435 ext. 12 (work), or 256-7971 (cell).

Date \_\_\_\_\_ Signature of Referee \_\_\_\_\_

Return completed application by **May 1, 2007:**

HYSA Tournament Committee  
assignor\_hi@yahoo.com  
c/o 615 Piikoi Street, Suite 1203  
Honolulu, HI 96814  
593-9032 (Fax)