



**REFEREE APPLICATION
AND INFORMATION SHEET**
U.S. Youth Soccer Hawaii State Cup

LOCATION: Waipio Peninsula Soccer Complex, Waipahu, Hawaii

DATES: April 14, 2007 - April 15, 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 U12 U 14 U16 U18 Boys Girls

Asst Ref U12 U 14 U16 U18 Boys Girls

AVAILABILITY: April 14 AM Only PM Only Any Time

April 15 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 U.S. Youth Soccer Hawaii State Cup. 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 Vasconcellos at 456-9351 (home), 591-9435 ext. 12 (work), or 256-7971 (cell).

Date _____ Signature of Referee _____

Return completed application by **March 30, 2007:**

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