



**REFEREE APPLICATION  
AND INFORMATION SHEET**  
2016 HYSA State Championship

**LOCATION:** Waipio Soccer Complex

**DATES:** May 28, 29, and 30, 2016

Please type or print legible and dark

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ SSN (not required)

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

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

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

Current USSF Grade  6  7  8  Emeritus

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

Boys  Ref  Asst Ref  BU8  BU11  BU12  BU14  BU18

Girls  Ref  Asst Ref  GU8  GU11  GU12

AVAILABILITY:

Saturday May 28  AM Only  PM Only  Any Time

Sunday May 29  AM Only  PM Only  Any Time

Monday May 30  AM Only  PM Only  Any Time

Are you associated with a club, 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 2015 US 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 the assignor / and SYRA Mr. Denis Delgado at 429-6649 (cell).

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

Return completed application by **May 15, 2016:**

HYSA 2016 HYSA State Championship Assignor  
[delgadod002@hawaii.rr.com](mailto:delgadod002@hawaii.rr.com)  
Denis Delgado  
91-1173 Olowa Street  
Ewa Beach, HI 96706