

Kit Carson Tournament 2004 – Referee Form

(please submit one sheet per referee)

our preferred contact method is email; our preferred registration is ON-LINE!

Region _____ Referee represents team number/name _____

Team age/gender (circle) : U10 U12 U14/15 U19; B G; Coach: _____

----- *Referee Information* -----

Name: _____ Birthdate: _____

Email _____ (provide email if this is a good contact mode)

Address: _____

City: _____ State: _____ Zip: _____

Phone #'s: work: _____ home: _____ cell: _____

Ref. Grade *Regional Area/Int. Section/Advanced National* Yrs. Experience: _____

Center ref. comfort level	Boys 10 12 14/15 19 Girls 10 12 14/15 19 (circle or highlight highest)	Assistant ref. comfort level	Boys 10 12 14/15 19 Girls 10 12 14/15 19 (circle or highlight highest)
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Maximum _____ and preferred _____ number of games you are good for each day.

____ Check here if you are willing or want to do Assistant Referee assignments only

Would you like to be considered for championship games on Sunday afternoon? YES NO

If yes: ____ 1 pm ____ 3 pm OR ____ either time

Availability: ____ Saturday AM ____ Saturday PM ____ Sunday AM ____ Sunday PM

----- Conflicts and Other Restrictions -----

(please list names/#, age, gender, and coach of teams with whom you have a conflict)

Team Conflicts ____ Coach ____ Mgr ____ Player ____ Parent ____ Sibling

Conflict information and any other restrictions:

Please return this form and return it to the referee assignor as soon as possible and absolutely no later than October 25, 2004:

By fax: 775 885-2305 attn: Eric Ingbar; **By email:** TourneyRef@AYSOCARSONCITY.ORG

On-line: <http://www.aysocarsoncity.org> follow links to Tournament page and then choose "referee registration" **ON-LINE REGISTRATION IS PREFERRED!**

By returning this form, you commit your services to officiate at this event. If your availability changes, please notify us ASAP. Referee check-in is Friday evening at the Plaza Hotel on Carson Street at the same time as team check-in. Thanks for helping!