

AYSO Covina Christmas Classic Tournament Referee Information Form



I plan to bring a referee team to the tournament Y/N:						Refer	Date:			
Region:	To	eam Name:	<u> </u>							
Coach Name:										
Age Division:	U-10	U-12	U-14	ι	J-16	U	l-19	Boys	Girls	Coed
Referee Team C	ontact Person									
Name: _	Email Address:									
Day Phone:	Evening Phone:									
rovide the followin	g information for ea	ach referee.								
In each box ur	, insert R = Regiona nder "Center/Assista 「eam", indicate if th	ant/Boys/Girl	s", provide the l	highest lev	el they	are com	petent to	referee (e.g., BU-		
	Referee Name			Cente	r	Assis	stant	Player on		
Refer			Certifica- tion Date	Boys	Girls	Boys	Girls	Team (Y/N)	Home Phone/ Email	
Each referee will	receive a tournar	ment T-Shir	t. Please indic	cate sizes	need	led. All s	izes are	Adult.		
Number of Shirts		KXL XL	L M	S						
Regional Refer		Phone Number					Email			
	below, I certify games as indic			are Certif	fied po	er AYSC) Natior	nal Guidelines a	and qualified f	or officiating
			RRA Sigr	nature and	date (Blue ink p	olease)			
Area Referee Administrator's Name Ph					Numb	er		Email		
By my signature 16 and U-19 gam			erees listed a	are Certif	fied po	er AYSC) Natior	nal Guidelines a	and qualified f	or officiating
io aliu U-13 yali	ies as muicated	anuve.								

ARA Signature and date (Blue ink please)

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