

# Referee Assessment Request

Referee's Name \_\_\_\_\_

Referee's Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Assessment requested:      **Developmental** \_\_\_\_\_      **Maintenance** \_\_\_\_\_      **Upgrade** \_\_\_\_\_

Game Date \_\_\_\_\_ Game Time \_\_\_\_\_

Game Location \_\_\_\_\_

League/Division \_\_\_\_\_

Comments to the Assessor:

**Referee: After completing this form contact the appropriate assessor below to confirm your dates and times. This will also confirm an assessor has been assigned your match.**

**Ken Knapp (918-455-5355)** email: sknapp@intcon.net

**Brent Hall (405-692-1669)** email: brentdhall@home.com

**Assessment fee:**      January 1 to July 31 = \$25  
                                 August 1 to October 31 = \$40  
                                 November 1 to December 31 = \$75

Attach check payable to OSA and mail (at least two (2) weeks prior to game date) to:

Oklahoma Soccer Association  
ATTN: State Director of Assessments  
PO Box 35174  
Tulsa, Ok 74153-0174