



NEW REFEREE INFORMATION SHEET

(PLEASE PRINT CLEARLY)

NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: () _____ ALTERANATE PHONE # () _____

PRIMARY EMAIL ADDRESS: _____

PARENT/GUARDIAN EMAIL ADDRESS: _____

USSF REF ID #: _____ YEAR REGISTERED: _____ USSF REFEREE GRADE: _____

ARE YOU A NEWLY LICENSED REFEREE: **Yes** or **No**

IF YOU ARE A COACH OR PLAYER, PLEASE CIRCLE ONE: **Coach** or **Player**

TEAM NAME: _____ AGE GROUP: _____

REFEREE EXPERIENCE? (IF ANY): YRS _____ AGE DIVISIONS: _____

ANY SPECIAL REQUESTS? _____

COMMENTS: _____

IN ADDITION TO THE REGULAR ROSEVILLE YOUTH SOCCER CLUB SEASON GAMES, WOULD YOU LIKE TO REFEREE/LINE RYSC & LOCAL AREA TOURNAMENTS? **Yes** or **No**
[Priority is given to experienced referees, but all are encouraged, if interested]