

Murray Calloway County Soccer Tournament

March 20-21 2010

Referee Availability Form

SECTION 1 (please print or type)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____ AGE _____

SECTION 2 (circle the appropriate answer)

SHIRT SIZE S M L XL XXL

Will you need a room? YES NO (If you live more than 60 miles away and will work a minimum of 4 games a day)

USSF GRADE 8 7 6 5 4 3 2 1 YEARS _____

GRADE 8 ONLY (enter the number of games you have worked)

AGE	U10	U12	U14	U16	U18
CENTERS					
LINES					

SECTION 3

Are you a coach/parent of a team in this tournament? YES NO

If yes --- (circle one) U9 U10 U11 U12 U13 U14 (circle one) BOYS GIRLS

TEAM NAME _____

SECTION 5 (identify when you are available)

	FRIDAY	SATURDAY	SUNDAY
7:30 pm – 9:00 pm	N/A		
9:00 am – 10:30 am	N/A		
10:30 am – 12:00 pm	N/A		
12:00 pm – 1:30 pm	N/A		
1:30 pm – 3:00 pm	N/A		
3:00 pm – 5:30 pm	N/A		
5:30 pm – 7:00 pm			
7:00 pm – 8:30 pm			
8:30 pm – 10:00 pm			

What is the maximum number of games you are willing to work per day?(circle one) 1 2 3 4 5 6 7 8 9

Comments or Special Requests _____

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