

**U.S. Soccer Referee Application
HFC Spring Tournament**

Please complete the following application by April 16, 2010 and submit by e-mail or fax to Daphne Brown

NAME: _____

USSF GRADE: _____

USSF ID: (16 digit number) _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMAIL: _____

CELL PHONE NUMBER: _____

ASSESSMENT REQUEST

I would like to request an informal assessment during the HFC Spring Tournament.

_____ Yes, I am requesting an assessment.

_____ No, I am not requesting an assessment.

ROOM REQUEST

I would like to request a complimentary hotel room for the length of the tournament. I understand that the rooms will be assigned on a first come, first serve basis and there may be two referees to a room.

You will be notified if a room is reserved for you by April 27, 2010.

You must be 18 years of age or older to stay at the hotel unless accompanied by a parent.

Complimentary hotel rooms are reserved for officials without a connection to a team playing at this tournament.

_____ Yes, I would like to request a hotel room. I would like to room with _____

_____ No, I do not need to request a hotel room.

TEAM AFFILIATION

_____ Yes, I have an affiliation with a Club or Team playing in this tournament.

_____ No, I do not have an affiliation with any Club or Team playing in this tournament.

_____ Yes, I have an affiliation with a Club or Team but they are not playing in this tournament.

The Team/Club that I have an affiliation with is _____ (Include age and gender of team).

NOTES TO ASSIGNOR:

Contact Information for Daphne Brown
Email address-daphne.brown@hhsys.org or dbrown1803@gmail.com
Phone: 256-536-5401(home) or 256-348-2892(cell) Fax#: 256-265-7031