

2020 ORANGE CLASSIC GIRLS INTERNATIONAL TOURNAMENT

Referee Application and Information

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Cell Phone (____) _____ Home Phone (____) _____

Social Security # _____ Current Referee Grade _____

Date of Birth ____/____/____ Date attained Current Grade ____/____/____

Email Address _____

GAME EXPERIENCE : Please enter your approximate # of games this year as a referee and Assistant Referee

	Center	Line
10U - 12U	_____	_____
14U - 16U	_____	_____
17U - 19U	_____	_____
Above 19U	_____	_____

GAMES DAY & TIMES YOU ARE AVAILABLE : Please mark the days & times you can work (X)

Monday Dec. 28 Morning _____ Afternoon _____ Evening _____

Tuesday Dec. 29 Morning _____ Afternoon _____ Evening _____

Wednesday Dec. 30 Morning _____ Afternoon _____

TEAM AFFILIATION : Is your child or sister playing? YES _____ NO _____

If yes, Team Name _____ Age Group _____

HOTEL ACCOMMODATIONS : Will you need Hotel Accommodations ? YES _____ NO _____

FINALS : Are you Available to Referee in a Final or Semi-final Game: YES _____ NO _____

Please complete the application and information form and return it to:

Scott Tripp
954-579-6374
Scott.tripp@gmail.com