

Milwaukee Sport Club Soccerfest Tournament
September 9th, 10th and 11th, 2011
Referee Availability

Name: (Please Print) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work/Cell) _____

Email: _____@_____

Are you a licensed referee? Yes _____ No _____ Number of years of experience: _____

Level: _____ Registered for 2011? Yes _____ No _____ Age: _____

USSF Registration Number: _____

(You must be registered for 2011 with USSF to referee for this tournament)

Please **circle** the **highest level** that you are comfortable with for Referee or Assistant Referee

Center Referee

Assistant Referee

U-8 U-10 U-12 U-14 U-16 U-18 U-19

U-12 U-14 U-16 U-18 U-19

Time available to referee

Friday, September 9

Saturday, September 10

Sunday, September 11

Note: Game start times may vary slightly from the above

What type of break do you prefer: (circle one or add your own) two on – one off, three on – one off or: _____

Maximum games per day: _____

Referees you wish to (circle one) travel or work with: _____

Return this form by August 20th, 2011

Jon Schrantz

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Waukesha, WI 53188

(262) 617-9848 (cell)

Email: jon@zplex.com

Schedules will be mailed ten days to one week before the tournament

Team conflict information: Coach _____ Player _____ Parent _____

Team name: _____ Level U- _____ Boys _____ Girls _____

Club or Association: _____