

WAYZATA SOCCER CLUB
2008 REFEREE AVAILABILITY FORM

Name _____ SS# _____

Address _____ Age _____

City _____ State _____ Zip Code _____

Email Address _____ 2) _____

Phone _____ Cell _____ Fax _____

Certified _____ Year _____ (attach your 2008 USSF form (copy) or Referee Card 2008

Clinic date and Location of Certification or Recert _____ Referee Grade _____

What levels would you prefer? (Circle: C or L) **BE HONEST** **Comfort Level**

Boys U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

Girls U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

Center Referee before? Yes ___ No ___ Experience (Years) _____ Game # _____

Mark the days of the week that you are available to referee. (Mark with "X")

Mon ___ Tue ___ Wed ___ Thu ___ Fr ___ Sat ___ Sun ___

Dates that you are not available:

If you play what is your level of play: _____

List any special preferences you have for scheduling:

Send information to: Donovan Nash 2430 Sheridan Hills Curve Wayzata MN 55391

Email Address: dknash@qwest.net or referee_assignor@wayzatasc.org

Fax: 952-449-4829 Cell: 612-462-0610 Wayzata Web Site: wayzatasc.org

Shirt Colors: Black _____ Gold _____ Red _____ Blue _____ Green _____

(These would be the shirts that you have for Refereeing now)

Shirt Size: Small _____ Med _____ Large _____ Ex large _____ Mens _____ Womens _____

Sock size: Med _____ Large _____