

**SC Waukesha Augustfest Tournament
August 21, 22 and 23, 2009
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 2009? Yes _____ No _____ Age: _____

USSF Registration Number: _____

(You must be registered for 2008 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 (**check those times that you are available**, leave blank those times that you are not available)

Friday, August 21

Saturday, August 22

Sunday, August 23

5:00 _____

8:00 _____

8:00 _____

6:00 _____

9:00 _____

9:00 _____

10:00 _____

10:00 _____

11:00 _____

11:00 _____

12:00 _____

12:00 _____

1:00 _____

1:00 _____

2:00 _____

2:00 _____

3:00 _____

3:00 _____

4:00 _____

4:00 _____

5:00 _____

5:00 _____

6:00 _____

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 Just 31st, 2009

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(262) 264-0572 (home)

(262) 617-9848 (cell)

Email: jon@ziplex.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: _____