

BYSL Spring 2008 Idaho Falls, ID

Referee Form

Name				E-mail					
Address				Home #					
City, State				Work #					
Zip				Cell #					
Ref Grade <small>(circle highest)</small>	8	7	6	5	4	Years experience		B-day	
Team Conflicts				I would like an "observation"				Assessment Requested: Yes _____ No. _____	
Any Other Restrictions									
Center Referee Comfort level <small>(circle highest)</small>	Boys - 12 -- 14 -- 16 -- 17/19			Assistant Referee Comfort Level <small>(circle highest)</small>			Boys - 12 -- 14 -- 16 -- 17/19		
	Girls - 12 -- 14 -- 16 -- 17/19						Girls - 12 -- 14 -- 16 -- 17/19		
Check Days I will work	Monday	6:00 pm					Specific Days I am Unavailable		
	Tuesday	6:00 pm							
	Wednesday	6:00 pm							
	Thursday	6:00 pm							
	Friday	6:00 pm							
	Saturday	9:00 am 11:00 am 1:00 pm 3:00 pm 5:00 pm							

Return to Shel Williams, shel@cuzs-soccer.net
or mail to

Shel Williams
418 11th St
Idaho Falls, ID 83404

(The schedule will be posted, but we don't know where yet)