

IDAHO FALLS SHOOT OUT - 2010

Idaho Falls, ID -- May 14-16

Referee Form

Name		E-mail	
Address		Home #	
City, State		Work #	
Zip		Cell #	
Ref Grade		Years experience	Age
Team Conflicts		I would like an "observation"	Assessment Requested: Y/N: _____
Any Other Restrictions		I am available to "observe"	Certified Assessor: Y/N: _____
Center Referee Comfort level	Boys - 12 -- 14 -- 16 -- 17/19	Assistant Referee Comfort Level	Boys - 12 -- 14 -- 16 -- 17/19
	Girls - 12 -- 14 -- 16 -- 17/19 (circle/highlite highest comfort lvl)		Girls - 12 -- 14 -- 16 -- 17/19 (circle or highlite highest comfort lvl)
Local Teams	Friday	May 14, 2010	Earliest Time available on Friday: > _____ pm
Days I will work	Saturday	May 15, 2010	AM PM All Day
	Sunday	May 16, 2010	AM PM All Day

Would you like to be considered for a championship match on Sunday **YES** _____ **NO** _____

Please fill out this form and return to Bobbi no later than **April 28, 2010**.

Bobbi Tracy / IFSO Ref Assignor
1275 Sage #2 / Idaho Falls, ID 83402
Phone (208) 524-4352
E-Mail: bltsoccer@cableone.net

SPECIAL NOTE: You will receive confirmation (by e-mail) within seven (7) days of submitting your availability Form; if you have not, please contact me immediately. Unless you indicate otherwise, you **WILL** be scheduled For **both Saturday and Sunday** matches! So please read the schedule carefully which will be posted no later than **Wednesday, May 12.**

*NOTE: By returning this form, you are committing your services to officiate at this event and are expected to be available. If your plans change, or any information needs to be amended, please notify Bobbi immediately. Plan on attending the Referee Meeting. **Attendance is important, please make it a priority***

Friday, May 14, 8:30 pm - Shilo Inn, 780 Lindsay Blvd

Notes or Comments:

U17-U19 Ctr \$30, AR \$17; U13-U16 Ctr \$25, AR \$15; U11-U12 Ctr \$16 AR \$10