

Sheridan Soccer

MARS_{US} Big Horn Mountain Spring Cup

Referee Name _____ Grade _____ Years Referee _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Cell _____

Referee's age, if under 18: _____

Team Association Yes ___ No ___ Boys or Girls _____ Age Group _____

Team Name _____ Coach _____

What is your affiliation with this team? Coach _____ Parent _____ Sibling _____

Referee Comfort (indicate highest level)

U-14 Boys- Center _____ AR _____

Girls- Center _____ AR _____

U-12 Boys- Center _____ AR _____

Girls- Center _____ AR _____

U-10 Boys- Center _____

Girls- Center _____

Please print and review tournament rules <http://springcup.sheridansoccer.org>

Motel rooms are limited, 2 referees per room, these rooms are for referees only.

Motel Accommodations: Yes ___ Comments/Concerns _____

I understand that submitting this application, I am committing myself to refereeing. If I am not able to honor my commitment I will contact Referee Assignor no later than **May 4th**. The tournament player's schedule will be posted approximately two weeks before the tournament. It is your responsibility to check the schedule and contact Assignor for any times you **WILL NOT** be available to referee. Response is required no later than **May 4th** so schedule can be finalized by May 7th.

Contact Chris Wolf **307-272-8941** or at charleswolf@bresnan.net

APPLICATION DEADLINE April 30, 2009

CLICK ON APPLICATION, FILL IN INFORMATION AND PRESS SUBMIT

IF YOU CHOOSE YOU MAY SUBMIT A PRINTED COPY THROUGH

REGULAR MAIL TO:

CHRIS WOLF

123 ROBERTSON ST.

CODY, WY 82414