

**Sheridan Soccer**  
**Snickers Big Horn Soccer 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 \_\_\_\_\_

If you have an affiliation,  
are you willing to referee the affiliated game? Yes \_\_\_ No \_\_\_

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://sheridansoccer.org/springcup/rules.pdf>

**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 3rd**. 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 3rd** so schedule can be finalized by May 5th.

Contact Chris Wolf **307-272-8941** or at [charleswolf@bresnan.net](mailto:charleswolf@bresnan.net)

**APPLICATION DEADLINE     April 26, 2010**

If you choose you may submit a printed copy through regular mail to

CHRIS WOLF  
123 ROBERTSON ST.  
CODY, WY 82414