

Beaumont Youth Soccer Club

Referee Representative Form

Team Information:

Team: _____ Division: U-_____
Coach: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____
E-Mail address: _____@_____
Team Contact: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____
E-Mail address: _____@_____

Signature (Coach): _____ Date: _____

1. **DEADLINE:** Saturday, week 2 of the season. **RETURN FORM:** BYSC mailbox (outside concession stand), to a Board Member, or e-mail a scanned, signed copy to Director of Referees (www.BYSC.net). Unsigned copies will not be accepted.
2. Teams must provide:
 - a. Recreational teams: one (1) representative.
 - b. Division II teams: three (3) representatives.
3. The required number of games for this season is seven (7) per representative.
4. You must have each referee representative sign this form signifying their consent. *If your representative is under 16 years of age or dependant upon another for transportation then you must also have their parent/driver co-sign.*
5. **Referee Representatives:** please include your USSF ID and grade. Also, indicate if you wish to upgrade this year. Your USSF ID can be found at <https://www.stsr01.org/MemberLogin.aspx>.

Referee Representative(s) Information:

Name: _____ USSF #: _____
Address: _____
HM Phone _____ Cell Phone: _____
Wk Phone: _____ Current Referee Grade: ____ Upgrading? Y N
E-Mail: _____@_____
Rep Signature: _____

Name: _____ USSF #: _____
Address: _____
HM Phone _____ Cell Phone: _____
Wk Phone: _____ Current Referee Grade: ____ Upgrading? Y N
E-Mail: _____@_____
Rep Signature: _____

Name: _____ USSF #: _____
Address: _____
HM Phone _____ Cell Phone: _____
Wk Phone: _____ Current Referee Grade: ____ Upgrading? Y N
E-Mail: _____@_____
Rep Signature: _____