

Go To www.d6soccer.org/referee.htm for a copy of this form

DISTRICT VI
USSF ASSESSMENT REQUEST
(Requests must be received at least 10 days in advance)

NAME OF REFEREE: _____

USSF ID: _____

ADDRESS: _____

CITY/ZIP: _____ HOME PHONE: _____

WORK PHONE: _____ email: _____

CHECK TYPE OF ASSESSMENT: Maintenance Upgrade

CURRENT USSF GRADE _____

POSITION FOR ASSESSMENT: REFEREE ASSISTANT REFEREE

THE FOLLOWING INFORMATION IS OPTIONAL (INCLUDE, IF KNOWN)

DATE OF GAME: _____ TIME OF GAME: _____

FIELD: _____

FIELD LOCATION: _____

NAME OF LEAGUE: _____

TEAMS - HOME: _____ VISITOR: _____

DIVISION: _____ MEN WOMEN

IF YOUTH, AGE GROUP: _____ ASSESSOR: _____

Mail this form to with your check to:

Lynn Williams

DDA – District VI

P.O.Box 752

Brownsville, CA. 95919-0752

530-675-2924 (home and Fax)

email: iamaref@hughes.net

Checks are to be made payable to CNRA as follows: 8→7 upgrade = \$40; 7→6 upgrade or 6 maintenance = \$50; 6→5 upgrade or 5 maintenance = \$50. Be sure to bring your USSF ID card to the game.

Revised – 10 September 2007