

**SOUTHERN CALIFORNIA SOCCER OFFICIALS ASSOCIATION
SAN GABRIEL VALLEY UNIT REGISTRATION**

RETURNING REFEREE _____
NEW REFEREE _____

UPGRADE REQUEST _____
ENGLISH SESSIONS _____
SPANISH SESSIONS _____

(PLEASE PRINT)

LAST NAME: _____ FIRST NAME _____ M.I. _____

ADDRESS: _____ CITY _____ ZIP _____

PHONES: HOME _____ WORK _____ Cell _____

E-MAIL _____ E-MAIL _____

Confirm Email Address

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH _____ - _____ - _____

NOTE: YOU MUST HAVE A PHONE NUMBER & SOCIAL SECURITY NUMBER. WITH OUT THESE YOU WILL NOT RECEIVE GAMES

REFEREE EXPERIENCE – NUMBER OF YEARS

USSF YRS _____ GRADE _____ AYSO YRS _____ LEVEL _____ NISOA YRS (COLLEGE) _____ HIGH SCHOOL YRS _____

GAME TIMES AND NUMBER OF GAMES PER WEEK

THE EARLIEST GAMES START AT 2:30 PM DURING THE WEEK. MOST GAMES START AT 3:00 PM OR 3:15 PM. YOU WILL NEED TO BE AT THE GAME SITE AT LEAST 20 MINUTES PRIOR TO GAME TIME. PLEASE INDICATE THE EARLIEST GAME TIME YOU CAN WORK: _____ PM - I CAN DO _____ GAMES PER WEEK. I DO _____ I DO NOT _____ WISH TO WORK L.A. CITY GAMES

HAVE YOU EVER BEEN CONVICTED OF A FELONY, A CRIME OF VIOLENCE, ANY CRIME AGAINST AN INDIVIDUAL, OR FRAUD? YES _____ NO _____ IF YES PLEASE GIVE A BRIEF EXPLANATION ON THE BACK OF THIS REGISTRATION FORM.

I recognize that in accepting games from SGVSOA, I am acting as an independent contractor and have no claim to unemployment benefits and /or to workman's compensation.

Al aceptar juegos designados por SGVSOA, Reconozco que actuo como un contratista independiente y no tengo derecho a ninguna reclamación de desempleo o de compensación al trabajador.

Will you be working for any other High School Association this year: Yes No Name: _____

PLEASE CROSS OUT DATES YOU ARE **NOT** AVAILABLE TO WORK

AVAILABILITY DATES

PLEASE CROSS OUT DATES YOU ARE **NOT** AVAILABLE TO WORK

NOVEMBER

Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6
8	9	10	11	12	13
15	16	17	18	19	20
22	23	24	25	26	27
29	30				

DECEMBER

Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4
6	7	8	9	10	11
13	14	15	16	17	18
20	21	22	23	24	25
27	28	29	30	31	

JANUARY

Mon	Tue	Wed	Thu	Fri	Sat
					1
3	4	5	6	7	8
10	11	12	13	14	15
17	18	19	20	21	22
24	25	26	27	28	29

FEBRUARY

Mon	Tue	Wed	Thu	Fri	Sat
31	1	2	3	4	5
7	8	9	10	11	12
14	15	16	17	18	19
21	22	23	24	25	26
28					

ANY SPECIAL INSTRUCTIONS OR COMMENTS _____

Referee Signature: _____ Date: _____

RECEIPT

REGISTRATION: \$ _____ NO SHOW DEPOSIT: \$ _____ CREDITED TO OFFICIAL: \$ _____ PAST DUE: \$ _____

AMOUNT COLLECTED: \$ _____ BALANCE OWED: \$ _____ PAID BY : CHECK NUMBER _____ CASH: _____

RULE BOOK: _____ PATCH: _____ HANDBOOK: _____ SIGNED _____