

# STATE CUP 2010 @ Palm Bay Regional Park

## REFEREE AVAILABILITY FORM

**NOTE: You must return this form before you can be assigned games.**

FIRSTNAME: \_\_\_\_\_ LASTNAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_ GRADE & Year: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Day/Cell Phone : \_\_\_\_\_ Evening Phone : \_\_\_\_\_

Academy Referee? YES or NO \_\_\_\_\_ Year 1st Reg. : \_\_\_\_\_

District (eg A7) : \_\_\_\_\_ FYSA Referee? : \_\_\_\_\_

Email Address: \_\_\_\_\_

Please check box if available:

Date		Time									
<input type="checkbox"/>	<b>27 MAR</b>	<input type="checkbox"/>	8am-10am	<input type="checkbox"/>	10am-Noon	<input type="checkbox"/>	Noon-2pm	<input type="checkbox"/>	2pm-4pm	<input type="checkbox"/>	4pm-6pm
<input type="checkbox"/>	<b>28 MAR</b>	<input type="checkbox"/>	8am-10am	<input type="checkbox"/>	10am-Noon	<input type="checkbox"/>	Noon-2pm	<input type="checkbox"/>	2pm-4pm	<input type="checkbox"/>	4pm-6pm
<input type="checkbox"/>	<b>08 MAY</b>	<input type="checkbox"/>	8am-10am	<input type="checkbox"/>	10am-Noon	<input type="checkbox"/>	Noon-2pm	<input type="checkbox"/>	2pm-4pm	<input type="checkbox"/>	4pm-6pm
<input type="checkbox"/>	<b>09 MAY</b>	<input type="checkbox"/>	8am-10am	<input type="checkbox"/>	10am-Noon	<input type="checkbox"/>	Noon-2pm	<input type="checkbox"/>	2pm-4pm	<input type="checkbox"/>	4pm-6pm

Do you COACH or PLAY NO YES

\_\_\_\_\_ If "YES" Team Name/Number

Do you have a Child/Sibling on a team: NO YES

\_\_\_\_\_ If "YES" Team Name/Number

Circle your comfort level and put "L" for Line, "C" for Center or "E" for either Line or Center under the Age Group.

For Age group preferences: **U13 U14 U15 U16 U17 U18**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please complete & return this form. Incomplete form will be rejected.**  
**Please complete & return to : Marcel Chukwunenye, 1135 Buford St. NW, Palm Bay, FL 32907**  
**or email it as attachment to [fairplay@cfl.rr.com](mailto:fairplay@cfl.rr.com)**