

# TIPP CITY YOUTH SOCCER, INC.

## REFEREE APPLICATION

(please print legibly)

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1. CANDIDATE'S NAME: \_\_\_\_\_
  2. STREET ADDRESS: \_\_\_\_\_
  3. CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_
  4. DOB: \_\_\_\_\_ (if under 18) Must be at least 12 yrs as of AUG. 1<sup>st</sup>.
  5.  MALE  FEMALE
  6. PARENTS' NAMES : \_\_\_\_\_
  7. PHONE #'s THAT ONLY THE DIRECTOR OF OFFICIATING MAY USE TO CONTACT THE CANDIDATE (especially for sudden scheduling changes or game cancellations)
    - a. Primary Phone - \_\_\_\_\_ Contact \_\_\_\_\_
    - b. Alternate Phone - \_\_\_\_\_ Contact \_\_\_\_\_
    - c. Candidate's cell - \_\_\_\_\_
  8. E-MAIL ADDRESSES THAT ONLY THE DIRECTOR OF OFFICIATING MAY USE TO CONTACT THE CANDIDATE:
    - a. Candidate's: \_\_\_\_\_
    - b. Mom's: \_\_\_\_\_
    - c. Dad's: \_\_\_\_\_
  9. SOCCER PLAYING EXPERIENCE:  NONE  1-2 YRS  3-4 YRS  >4 YRS
  10. LIST OTHER ACTIVITIES YOU ARE PARTICPATING IN DURING THE FALL, e.g. SAY soccer, Select soccer, high school sports, marching band, etc.  
\_\_\_\_\_  
\_\_\_\_\_

Mail to:  
Mike Mahan, Director of Officiating  
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[mmahan6@gmail.com](mailto:mmahan6@gmail.com)