**REFEREE APPLICATION**

**MIAMI VALLEY EAST SOCCER**

**BETHEL – GRAHAM – MIAMI EAST – NORTHWESTERN – TIPP CITY**

**DATE:** **WHO DO YOU WANT TO REFEREE FOR? (may check more than 1)**

**BE**  **GR**  **ME**  **NW**  **TC**

1. **YOUR NAME:**
2. **STREET ADDRESS:**
3. **CITY:** **ZIP CODE:**
4. **DOB, IF UNDER 18 YRS:** **– (TCYS Referees must turn 14 yrs sometime this year. However, other Clubs may allow younger applicants. Those applicants should check with their Board.)**
5. **IF YOU ARE A STUDENT, WHAT GRADE WILL YOU BE IN IN THE FALL?**
6. **MALE**  **FEMALE**
7. **PARENT NAME(S) :**
8. **PHONE #’s THAT WILL BE THE BEST TO CONVEY INFORMATION, ESPECIALLY IN THE CASE OF SCHEDULING EMERGENCIES. IS TEXTING OK?**  **YES**  **NO**
   1. **Primary #:** **Name:**
   2. **Alternate #:** **Name:**
9. **BEST E-MAIL ADDRESSES:**
   1. **Primary email:**

**Approvals for game requests will be sent to your Primary email address.**

* 1. **Alternate email:**

1. **SOCCER PLAYING EXPERIENCE:**  **NONE**  **1-2 YRS**  **3-4 YRS**  **>4 YRS**
2. **REFEREE EXPERIENCE: USSF:** **SAY:**
3. **LIST OTHER ACTIVITIES YOU ARE PARTICPATING IN DURING THE FALL, e.g. SAY soccer, Select soccer, high school sports, marching band, etc.**

**SAVE and attach in an EMAIL to the Referee Coordinator for MVE at…**

[**tcysreferees@gmail.com**](file:///D:\Soccer\Director\Training\Referee%20Applications\tcysreferees@gmail.com)