

VSA REFEREE ASSESSMENT REQUEST

To be forwarded to
vsainfo@valleysoccer.ca
by April 30th, 2019



Town Association Info

Town Name: _____ Contact Ph #: _____

Contact Person: _____ Contact Email: _____

#1 - Referee Info of Referee to be Assessed

Referee Name: _____ Referee Since (year): _____

Referees the following age group(s): _____

Field Location of Games: _____ Is this referee working at the VCT: _____

Dates this referee is working at the above field location: _____

Does this referee work as an Assistant Referee Lining U15-U18 games: _____

Which clinic has this referee taken (Entry Level or Small Sided): _____

Comments and/or Purpose of Request: _____

#2 - Referee Info of Referee to be Assessed

Referee Name: _____ Referee Since (year): _____

Referees the following age group(s): _____

Field Location of Games: _____ Is this referee working at the VCT: _____

Dates this referee is working at the above field location: _____

Does this referee work as an Assistant Referee Lining U15-U18 games: _____

Which clinic has this referee taken (Entry Level or Small Sided): _____

Comments and/or Purpose of Request: _____

#3 - Referee Info of Referee to be Assessed

Referee Name: _____ Referee Since (year): _____

Referees the following age group(s): _____

Field Location of Games: _____ Is this referee working at the VCT: _____

Dates this referee is working at the above field location: _____

Does this referee work as an Assistant Referee Lining U15-U18 games: _____

Which clinic has this referee taken (Entry Level or Small Sided): _____

Comments and/or Purpose of Request: _____

Please see next page for Additional Referees to be Assessed at the Towns Expense

Additional Referees to be Assessed at the Towns Expense

This would be \$20 per assessment plus mileage at 0.40 per KM.

This amount is payable to the VSA once the assessment has been completed.

Referee Name #1: _____

Referees the following age group(s): _____

Field Location of Games: _____ Is this referee working at the VCT: _____

Dates this referee is working at the above field location: _____

Which clinic has this referee taken (Entry Level or Small Sided): _____

Comments and/or Purpose of Request: _____

Referee Name #2: _____

Referees the following age group(s): _____

Field Location of Games: _____ Is this referee working at the VCT: _____

Dates this referee is working at the above field location: _____

Which clinic has this referee taken (Entry Level or Small Sided): _____

Comments and/or Purpose of Request: _____

Referee Name #3: _____

Referees the following age group(s): _____

Field Location of Games: _____ Is this referee working at the VCT: _____

Dates this referee is working at the above field location: _____

Which clinic has this referee taken (Entry Level or Small Sided): _____

Comments and/or Purpose of Request: _____

