

MANITOBA SOCCER ASSOCIATION OUTDOOR REFEREE ASSESSMENT REQUEST FORM



Name:		MSA #:	Current Class:
Address:			
Telephone #:	Work #:	6	e-mail:
Purpose of Assessment	:: □ To maintain my c	urrent classifi	cation (Regional or Provincial)
	$\hfill\Box$ For confirmation of my nomination to the next highest class		
	$\hfill\Box$ For consideration to be nominated to the next highest class		
	□ For personal development		
From your assignment list please indicate the games in order of preference that you would like to be assessed. If any of the game assignments listed change you must notify the MSA Assignor within 48 hours			
DATE & TIME	LOCATIO	ON	LEAGUE / DIVISION
1.			
2.			
3.			
4.			
requested assessment both at random and ba	date. Assessment sed on the needs o	s are condu of the Refere	seven days prior to the first cted throughout the season se Development Program. Al ole contingent on assessor
Date:	Referee Sign	ature:	





