

# WESCO REFEREE DATA

## 2004 Season

To all WESCO Referees:

Please take the time to fill out the following data and **return it to the WESCO office as soon as possible**. This information will make the scheduling process a lot easier, especially for the early part of the season. We plan to do most of the communication for scheduling through e-mail again this year so please provide your e-mail address.

Have you sent in your 2004 USSF renewal? \_\_\_\_\_

Name: \_\_\_\_\_

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

Circle one: Adult / Youth

If you are a Youth Referee,  
provide age: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

e-mail: \_\_\_\_\_

Please check all the fields that you are available to work on:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Analy         | <input type="checkbox"/> Hillcrest    |
| <input type="checkbox"/> Apple Blossom | <input type="checkbox"/> Oak Grove    |
| <input type="checkbox"/> Forestville   | <input type="checkbox"/> Ragle        |
| <input type="checkbox"/> Gravenstein   | <input type="checkbox"/> Salmon Creek |
| <input type="checkbox"/> Gureneville   | <input type="checkbox"/> Twin Hills   |

What is your primary "Home Field"? \_\_\_\_\_

Please mark the age groups that you are comfortable working with:

	Class III Center	Class IV Center	AR
<b>U-10</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>U-12</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>U-14</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>U-16</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>U-19</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As the season progresses and you become more comfortable and proficient, you may be able to move up in age and/or class, and from AR to Center.

Please list specific days/times that you are not available for working as a referee: \_\_\_\_\_

Do you have any suggestions for making the scheduling process easier for the coordinators or for the referees?

Return completed form to:  
 WESCO Youth Soccer League  
 Mail: PO Box 423 Sebastopol, CA 95473  
 Drop Off Only: 130 S Main St Ste 213 Sebastopol  
 Fax: 707.829.3453