



Hoffman United Soccer Club

Assistant Referee Information Form

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Date of Birth: _____

Email Address: _____

Alt. Email Address: _____

USSF Referee Certification Number: _____ Grade Level: _____

Date/Location of Last Class _____

Years Experience: _____

For the prior year enter actual number of games officiated (if applicable):

Level of Game	Referee	Assistant Referee
Youth U17 to U19		
Youth U13 to U16		
Youth U12 and under		
Other (Specify)		

Current Travel Player: Yes No Team Name/ Age _____

Preferred Time to Contact: _____

Additional Comments: _____

Privacy Notice: All information received on this form is used solely by HUSC in the determination of assigning assistant referees to games based on an individual's availability, experience, and personal preferences. Information disclosed does not guarantee any game assignment but only to help minimize the time HUSC spends searching for appropriate assistant referees. Information disclosed is used strictly by HUSC and will not be sold, traded or bartered in any manner with any other person or organization.

Please email this completed form to chris.wimberly@hoffmanunited.org or fax to 866-258-8369