

REFEREE ASSIGNOR REPORT

Tournament/Festival/Jamboree

(Due within 30 days post conclusion of event)

Tournament Name:			
Name of Assignor:			
Telephone Number: _			
Email:			
Referee fees: What fe			ournament?
Age Groups	C	enter	Lines
U10 and Under			
U11–U12			
U13–U14			
U15–U16			
U17–U19			
Did you use a referee Yes	mentoring program? No	(check)	
If Yes, number of hou	rs used:		
If Yes , check one:	(Club Progra	m)	(MYSA Program)
If Yes, was the mento	ring helpful to you an	d if so, what did	d you like best and least?
What recommendation	ns do you have for clu	ıb/MYSA in usi	ing referee mentors in the future

Submit a formal referee report for ALL games played that includes the following information within 30 days of hosting the event:

- Names of Referees
- Dates
- Times
- Locations
- Age of Teams
- Gender of Teams
- Division of Teams

Excel format preferred! Submitting this information will complete reporting for this year and if not submitted, may affect sanctioning for next year.

Comments/recommendations for MYSA Tournament Director and MYSA State Youth Referee Administrator:

Submit via email to: mysa@mnyouthsoccer.org

- I am registered as a USSF Referee Assignor.
- I verified that only USSF certified and registered referees were used for the tournament/festival/jamboree.
- I verified that all adult referees (18 years and older) successfully completed the MYSA background check process.

Signature of Assignor:		
	Date:	
Signature of Event Director:		
	Date:	