

2007 ORANGE CLASSIC GIRLS INTERNATIONAL TOURNAMENT

Referee Application and Information

Last Name _____ First Name _____ MI _____

Address _____ City _____ State ____ Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____

Social Security # _____ Current Referee Grade _____

Date of Birth ____/____/____ Date attained Current Grade ____/____/____

GAME EXPERIENCE : Please enter your approximate # of games this year as a referee and Assistant Referee

	Center	Line
10U - 12U	_____	_____
14U - 16U	_____	_____
17U - 19U	_____	_____
Above 19U	_____	_____

GAMES DAY & TIMES YOU ARE AVAILABLE : Please mark the days & times you can work (X)

Thursday Dec. 27 Morning _____ Afternoon _____ Evening _____

Friday Dec. 28 Morning _____ Afternoon _____ Evening _____

Saturday Dec. 29 Morning _____ Afternoon _____ Evening _____

Sunday Dec. 30 Morning _____ Afternoon _____

TEAM AFFILIATION : Is your child or sister playing? YES _____ NO _____

If yes, Team Name _____ Age Group _____

HOTEL ACCOMMODATIONS : Will you need Hotel Accommodations ? YES ____ NO ____

FINALS : Are you Available to Referee in a Final or Semi-final Game: YES ____ NO ____

Please complete the application and information form and return it to:

ZOOM STEMPLÉ
ORANGE CLASSIC GIRLS TOURNAMENT
931 CORKWOOD St.
HOLLYWOOD, FL 33019

OR YOU MAY FAX (CALL FIRST): 954-925-2383
E-MAIL : zoomstemple@netzero.net