

The Governor's Cup Invitational Soccer Tournament
Sunflower Soccer Association
P.O. Box 750194
Topeka, Kansas 66675
(785) 233-9700 Fax (785) 233-0135



Referee Registration Form



Please complete the information on this page. Mandatory information is shown in **RED**.
Thank you for your interest in refereeing the Governor's Cup Invitational Soccer Tournament

Name: _____ Day/Cell Phone: _____ Evening Phone: _____

Address: _____ Fax Number: _____

City: _____ State: _____ Zip Code: _____ E-Mail: _____

Badge level: _____ Age: _____ Shirt Size: (circle one) S M L XL XXL

I am available to work on these days at these times (Please circle your preferences)
First Weekend (Boys Competitive and Boys / Girls Recreational)

Saturday: All Day AM Only PM Only Sunday: All Day AM Only PM Only

Second Weekend (Girls Competitive)

Saturday: All Day AM Only PM Only Sunday: All Day AM Only PM Only

Game Level Preference - Please check as many as you desire, but be honest

Center: U 9-U10 U11-U12 U13-U14 U15-U19

Lines: U 9-U10 U11-U12 U13-U14 U15-U19

Will you be playing on a team at any time during this tournament? (circle one) Yes No

If yes - Team Name: _____

Division (circle one) Competitive Recreational Age Group: U-_____ Circle One: Boys Girls

Coach's Name: _____

Please provide any comments you have, especially those that will help us schedule you to referee during this tournament. Please understand that all requests will be reviewed but may not be able to be accommodated.

Referee's Signature: _____ Date: _____