CHRVA Referee Registration/Certification
2008-2009 Season

Name *(print clearly)* _____
Phone # _____
E-Mail Address _____
Birth Date *(mm/dd/yy)* _____
Club Team _____
Season Last Certified: As Referee As Scorekeeper _____

Report to the Head Referee before the start of each tournament with this form. Once you finish and record all appropriate steps for certification, make a copy of your completed form. Send the copy along with rating sheets by April 1 to:

Stacey Weitzel, 8461 Byrd Road, Pasadena, MD 21122

REFEREE STATUS

Certification Status *(circle one)*: Recertifying New

Certification Level *(circle one)*: Junior R1 Player-Ref ONLY Provisional Regional
Jr National USA National

REFEREE RATINGS

	Match Date	Pass / Fail	Rater's Name	Rater's Signature
1				
2				
3				
4				
5				

CLINIC ATTENDANCE

Date: _____ Site: _____

Clinician: _____

- *Tear off and give bottom portion to clinician* -

Check here if you are ONLY a player-referee for your team _____

Check here if you plan to referee as a non-playing referee _____

Name *(print clearly)* _____

Phone # _____ (home) _____ (work)

E-Mail Address: _____

Birth Date *(mm/dd/yy)*: _____

Club/Team: _____