



**FIFA, National, Nominated National, Class 1, 2, and 3  
BCSA Referee Assessment Request Form**



Please Print clearly or type information

To request a match assessment, please complete the following form and forward to the BCSA Office.

Name	
Address	
City	
Postal Code	
Home Telephone	
Cell / Work Telephone	
Date	
Print Name	
Your Local Scheduler's Name	
Your Local Scheduler's Telephone	
Signature	

Please Note:

- A fee of \$50.00 for each assessment is requested to accompany this form.
- The assessment fee will be returned if the assessment cannot be carried out.
- It is important that you specify the league / leagues in which you normally officiate.

Mail to:

**British Columbia Soccer Association  
Referee Development Program**

(Please make cheque payable to the British Columbia Soccer Association)

***For Office Use Only:***

*Received by:* \_\_\_\_\_ *Date:* \_\_\_\_\_