



Class 4 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:

- There is **NO CHARGE** for your **FIRST** assessment. Please contact or forward this form to your Regional Referee Coordinator and/or the BCSA Office.
- Following your first assessment a fee of \$25.00 for each assessment is requested which **MUST** accompany this form to the BCSA office.
- The assessment fee will be returned if the assessment cannot be carried out.
- It is important that you specify the district / districts 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: _____