



Registration Form

National Referee Coach Request

Name: _____

USSF ID#: _____

DOB: ____ / ____ / ____

Requirement 1: Attendance at Elite Referee Training session(s) - insert recent dates

____ / ____ / ____ ____ / ____ / ____

____ / ____ / ____ ____ / ____ / ____

____ / ____ / ____ ____ / ____ / ____

Approved by: _____

Requirement 2: Pass the appropriate National Referee or Assistant Referee fitness test

____ / ____ / ____ **Approved by:** _____

Requirement 3: Pass the National Referee written test with 80% or higher

____ / ____ / ____ Score: _____

Approved by: _____

Requirement 4: Attach a game log showing service of youth and amateur soccer

Requirement 5: Attach a referee biography statement