Virginia - Metro DC State Referee Program
Senior Referee Information

Must be submitted at time of Certification or Re-Certification for R1 and above.

Name: _____ **Referee ID:** _____

Address: _____ **Home Phone: ( )** _____

_____ **Work Phone: ( )** _____

_____

Current Grade: _____ **Requested Grade Change:** _____

Current Year Game Record

Date	Y/A/P	Ref	AR1	AR2	Competition

Assessment Record

Date	Y/A/P	Location	Assessor

Yearly Training Record

Date	Length	USSF Instructor

Use additional pages if necessary.

Y=youth, A=amateur, P=professional

Semi-annual game requirements have been set by the SRC and are shown in the box on the right. These must be met in *each* of the two semi-annual periods – September to February and March to August – of the previous year. Use this form to record *only* those youth, amateur, or professional games with 45 minute halves or any other games that meet the yearly requirements. (SRC policy on game requirements can be found on the vadcsoccerref.com web site.)

Semi-Annual Requirements

Grade	Amateur Matches	Youth Matches	Total Matches
National	8	4	12
State 1 (5)	8	4	12
State 2 (6)	4	4	8
Referee 1 (7)	0	4	4

I attest that the information provided here is accurate and complete for this registration year.

Signature: _____

Date: _____