LOCAL REFEREE ASSIGNOR SEASONAL GAME ASSIGNMENTS

This form **MUST** be **emailed** to the Conference League Manager by the Local Referee Assignor for payment of Assignor Fees ($15 per game)

LOCAL REFEREE ASSIGNOR INFORMATION	SEASON:	YEAR:	CONFERENCE:	
NAME:	HOME #:	WORK #:	CELL #:	
ADDRESS:	STATE/ZIP:	EMAIL:		SSN:

Please list a detailed report of ALL the matches that you assigned. You are required to submit a supplemental list with the following information for each game assigned: referees used (Referee and AR's), email address, and email to mfrankland@usyouthsoccer.org **Please ensure you add the Game ID from the conference schedule. You can request a schedule by state that will include all Game IDs.** You must also list the specific details for each match as seen in each of the columns below.

Game ID	Date	Age/Gender	Division	Home	Visitor	Officials Names	Email