

Referee Assessment Request

Referee's Name _____

Referee's Address _____

Home Telephone _____

Work Telephone _____

E-mail _____

Assessment requested: **Developmental** _____ **Maintenance** _____ **Upgrade** _____

Game Date _____ Game Time _____

Game Location _____

League/Division _____

Comments to the Assessor:

Referee: After completing this form contact the appropriate assessor below to confirm your dates and times. This will also confirm an assessor has been assigned your match.

Ken Knapp (918-455-5355) email: sknapp@intcon.net

Brent Hall (405-692-1669) email: brentdhall@home.com

Assessment fee: January 1 to July 31 = \$25
 August 1 to October 31 = \$40
 November 1 to December 31 = \$75

Attach check payable to OSA and mail (at least two (2) weeks prior to game date) to:

Oklahoma Soccer Association
ATTN: State Director of Assessments
PO Box 35174
Tulsa, Ok 74153-0174