



UNITED STATES FUTSAL FEDERATION

affiliated with US SOCCER

FUTSAL

YEAR

REFEREE/INSTRUCTOR/ASSESSOR REGISTRATION (print firmly and legibly to make clear copies)

LAST NAME _____ FIRST NAME _____ SEX _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ HOME PHONE _____ WORK PHONE _____

SOCIAL SECURITY NUMBER _____ BIRTH DATE _____ month _____ day _____ year _____ PAGER _____

PLACE OF BIRTH _____ CITIZENSHIP _____ USA _____ OTHER _____ (country)

LANGUAGES SPOKEN _____

REGISTRATION IS FOR (check only one please) REFEREE _____ INSTRUCTOR _____ ASSESSOR _____

LOCAL ASSOCIATION _____ PRESENT STATE ASSOCIATION _____

PREVIOUS AFFILIATIONS/STATE ASSOCIATIONS _____

OTHER FUTSAL/SOCCER ORGANIZATIONS _____

FIRST REGISTERED WITH U.S. FUTSAL _____ month _____ day _____ year _____ ATTAINED PRESENT GRADE _____ month _____ day _____ year _____

AFFILIATED GAME EXPERIENCE FOR PAST YEAR (SEPT 1 - AUG 31) REFEREE ONLY ASSESSOR ONLY

UPGRADE REQUEST (complete only for upgrade)

GAME LEVEL (FUTSAL/5-A-SIDE/MINISOCCER)	REFEREE	LINE
INTERNATIONAL F.I.F.A. APPOINTMENTS		
PROFESSIONAL GAMES (FUTSAL/5-A-SIDE)		
PROFESSIONAL GAMES (OTHER)		
OTHER INTERNATIONAL APPOINTMENTS		
TOP NATIONAL LEVEL GAMES		
REGIONAL LEAGUE GAMES		
TOP AMATEUR/DIVISION 1 GAMES		
OTHER AMATEUR GAMES		
YOUTH (UNDER 19) GAMES		
YOUTH (UNDER 16 AND BELOW) GAMES		
OTHER GAMES (SPECIFY)		

CURRENT GRADE _____
1ST REGIONAL 1 GRADE DATE _____
CAREER GAMES FOR UPGRADE TO NEXT LEVEL _____
I HAVE MET THE REQUIREMENTS AND REQUEST AN UPGRADE FROM MY CURRENT GRADE TO _____

UPGRADE CLINIC ATTENDED

REFEREE INSTRUCTOR ASSESSOR (mark one)
LOCATION (City & State) _____
BEGINNING & ENDING DATES _____
INSTRUCTOR _____

I certify that all the information entered on this registration is correct. I also certify that I have no physical illness or impairments which will make participating in Futsal/5-A-Side related activities dangerous to me Date _____ Signature _____

OFFICIAL USE	GRADE	ACTIVE	OTHER	CERTIFICATION/UPGRADE INFORMATION			CERTIFICATION OF COMPLETION	
	International	1	2		Written Test _____ Date _____ Score _____ Initials _____	Name _____ Title _____		
National	3	4	13 14	Field Test _____ Date _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/> Initials _____	State Association _____			
Regional	5	6	15 16	GAME EXPERIENCE			Signature _____	
State	7	8	17 18	DATE _____ ASSESSOR _____ SCORE _____ INITIALS _____	Comments _____			
Referee	9	10		_____	_____			
Associate	11	12		_____	_____			
Cash <input type="checkbox"/> Check # _____				Upgrade Requirements Met _____ Effective Date _____			New Referee <input type="checkbox"/> Transfer <input type="checkbox"/> Recertification <input type="checkbox"/>	
Amount Paid _____ Initials _____							Upgrade <input type="checkbox"/> Other _____	