

OHIO SOUTH STATE REFEREE COMMITTEE APPLICATION FOR REFEREE UPGRADE



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NAME OF OFFICIAL	<u> </u>			
16 DIGIT USSF ID N	UMBER:			
AGE:	PRESENT GRADE:		UPGRADE TO:	
			U17/19: U17/19:	
OSSRC Academy:	INTERMEDIATE	ADV	'ANCED	
Date:	_ Location:		Coordinate:	
Training: Interm	nediate Advar	nced		
Date:	Location:	Coordinator:		
Fitness Test Passed	<u>d</u> : Date:	Location: _	Instructor:	
Written Test: Date:	Location:	Score	e: Instructor:	
Referee Assessmer	nts Passed:			
Date:	Location:	Level of Competition:		
Assessor:		Grade:	Date:	
Recommended for	upgrade (Y/N):			
Date:	Location:	Level	of Competition:	
Assessor:		Grade:	Date:	
Recommended for	upgrade (Y/N):			
Date:	Location:	Level of Competition:		
Assessor:		Grade:	Date:	
Recommended for	upgrade (Y/N):			
Date:	Signature	e of Referee: _		

Must attach with Referee Registration form I hereby declare that the above statement is true to the best of my knowledge and belief.