



Temecula Valley Soccer  
Referee Association

## Membership Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ CA Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(please print your email address neatly)*

Date of Birth: \_\_\_\_\_

USSF Certification Date: \_\_\_\_\_ Current Referee Grade: \_\_\_\_\_

Last 4 Digits of Referee ID# \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**In signing this application I agree to hold Temecula Valley Soccer Referee Association, (henceforth know as TVSRA), its' assignor, and officers harmless for anything that occurs to me, or my property, while performing any task related to refereeing soccer matches assigned to me under the direction of TVSRA. I also understand that continued membership in TVSRA is contingent upon my compliance with the ethical and professional standards of the United States Soccer Federation and the TVSRA, as outlined in the directives and publications of said organizations.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(needed if Applicant is under the age of 18)*

**Submit this application with your membership fees to the address listed below or bring it to the monthly membership meeting.**

**Make checks payable to TVSRA and Mail to:**

Harry Hutcheson  
28630 Northport Lane  
Menifee, CA 92584

**Membership Fees (annual)**

- Adult Referees (18+) = \$30

- Youth Referees (under 18) = \$20