

# Club Qualified Junior Referees and Scorekeepers

Club : \_\_\_\_\_ Cub Director \_\_\_\_\_  
Head Clinician: \_\_\_\_\_ Date of Clinic: \_\_\_\_\_

Team Name: \_\_\_\_\_

Second Referee #1 \_\_\_\_\_ Scorekeeper #1 \_\_\_\_\_  
Second Referee #2 \_\_\_\_\_ Scorekeeper #2 \_\_\_\_\_

Team Name: \_\_\_\_\_

Second Referee #1 \_\_\_\_\_ Scorekeeper #1 \_\_\_\_\_  
Second Referee #2 \_\_\_\_\_ Scorekeeper #2 \_\_\_\_\_

Team Name: \_\_\_\_\_

Second Referee #1 \_\_\_\_\_ Scorekeeper #1 \_\_\_\_\_  
Second Referee #2 \_\_\_\_\_ Scorekeeper #2 \_\_\_\_\_

Team Name: \_\_\_\_\_

Second Referee #1 \_\_\_\_\_ Scorekeeper #1 \_\_\_\_\_  
Second Referee #2 \_\_\_\_\_ Scorekeeper #2 \_\_\_\_\_

Team Name: \_\_\_\_\_

Second Referee #1 \_\_\_\_\_ Scorekeeper #1 \_\_\_\_\_  
Second Referee #2 \_\_\_\_\_ Scorekeeper #2 \_\_\_\_\_

Team Name: \_\_\_\_\_

Second Referee #1 \_\_\_\_\_ Scorekeeper #1 \_\_\_\_\_  
Second Referee #2 \_\_\_\_\_ Scorekeeper #2 \_\_\_\_\_

Please Email or mail to : Michael Gale  
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Melbourne FL 32935  
[mikeg@usavfl.org](mailto:mikeg@usavfl.org)

Officials Chair Signature  
(signed copy on file with Officials Chair)  
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