



Western New York State Referee Association UPGRADE REQUEST FORM

*This form is to be used ONLY
for upgrades from 8-7, 7-6 & 6-5.*

Referee Requesting Upgrade:			
Address:			
District:		E-Mail:	
From Grade:		to Grade:	

USSF AFFILIATED CAREER GAME COUNT

Youth U16 & below:		U17or Higher Youth:		Adult D1:		Other USSF Adult:	
Centers:		Centers:		Centers:		Centers:	
Lines:		Lines:		Lines:		Lines:	

OTHER SOCCER ACCOMPLISHMENTS

(i.e. Region 1 ODP Tournament, Regional Championships, Regional Camps, State Youth Cup, Assessed and Out of State Tournaments, Awards, Honors, Licenses, Clinics, Academies)

Please list your 5 highest level games as Referee:

#	Date	Time	Field	League/Tournament	Age / Division
1.					
2.					
3.					
4.					
5.					

Please list your 5 highest level games as Assistant Referee:

#	Date	Time	Field	League/Tournament	Age / Division
1.					
2.					
3.					
4.					
5.					

Please write a brief paragraph stating why you want this upgrade:

Requested By:
Referee Signature- _____

Recommended By: (Signature)

Local Contact or SYRA:
 (Can be any District Referee
 Administrator, Assessor, Instructor,
 Assignor or the SYRA)

Mail or email completed form to SRA.