

THIS IS THE ONLY FORM LIJSL WILL ACCEPT  
IT IS AVAILABLE ON [www.lisoccerrefs.org](http://www.lisoccerrefs.org)

# LIJSL

## ASSISTANT REFEREE REPORT

LONG ISLAND JUNIOR SOCCER LEAGUE

If we cannot read what you write, you may jeopardize timely processing

Assistant Referee Name: \_\_\_\_\_  
(You must use your LEGAL first name i.e Robert instead of Bob)

Assistant Referee Number: \_\_\_\_\_

Assistant Referee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**According to IRS regulations all independent contractors must fill out and submit a W9 form annually. Please fill out the attached and send it in with your 1st report**

If you type the above information once you can photocopy it for future use.

### GAME INFORMATION

Please fill out all information, missing information may jeopardize timely processing

HOME TEAM:

\_\_\_\_\_ Club Name \_\_\_\_\_ Team Name

VISITING TEAM

\_\_\_\_\_ Club Name \_\_\_\_\_ Team Name

Boys  Girls

AGE GROUP check one

U13 (2006)  U14 (2005)  U15 (2004)  U16 (2003)  U17 (2002)  U19-U18 (2000-01)  
Fee U13-U14 \$30 Fee U15-U16-U17 \$37 Fee U19 \$42

GAME TYPE:  League  LI Cup

\_\_\_\_\_ Game Date \_\_\_\_\_ Game Time

**NOTE: →**

\_\_\_\_\_ Middle Referee Name

\_\_\_\_\_ Middle Referee Number

\_\_\_\_\_ Assistant Referee Signature

\_\_\_\_\_ Date

Always keep a copy of your completed form for your records!

**This form must be mailed  
within 48 hours of game  
completion.**

1 form per game.  
Mail to:  
701-9 Koehler Avenue  
Ronkonkoma NY 11779