



Tournament & Cup Committee
REFEREE ASSIGNOR REPORT



Tournament Name:		Date:	
Referee Assignor:		Number:	
Tournament Dir:			
Estimated Games		Projected Referees Needed	
Actual Games Played		Actual Referees Needed	
Length of Tournament:		Actual Referees Scheduled	

- Was this tournament during regular youth soccer Fall/Spring season? Fall Spring
- What date did you receive the tournament schedule from the Tournament Director?
- How many red cards were given during this tournament?
- Was there an adequate break area provided for assignor and referees? Yes No
- Was fruit/refreshment and water provided at the referee break area? Yes No
- Was there water on each field for the referees? Yes No
- Were 4th officials used? Yes No
- When scheduling referees for a game, do you use a 3-person or 4-person crew? Three Four

What major events conflicted with this tournament, making referee scheduling difficult?

- College games; list if known: _____
- IHSAA Tournament: Regional Sectional Semi-State Finals
- High School Regular Season Game
- Other IYSA Sanctioned Tournament, if known: _____
- Other IYSA League Play, if known: _____

What problems did you encounter that adversely affected your ability to find/schedule referees?

I feel that this tournament was very well run.

- Strongly Agree Agree Undecided Disagree Strongly Disagree

Please explain why you chose the response you did.

What is your assessment of the quality of the fields used for this tournament?

- Excellent Very good Good Average Below average

Please explain why you chose the response you did.

What additional factors enhanced the overall management/quality of this tournament?

What additional factors detracted from the overall management/quality of this tournament?

This report is due to the Indiana Youth Soccer Tournament & Cup Committee 10 days after the conclusion of the tournament. Please mail to Indiana Soccer, 19000 Grand Park Blvd, Suite J, Westfield, IN 46074 or e-mail to angel@soccerindiana.org

Assignor Signature:	Date:
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