

REQUEST FOR ASSESSMENT (One Form Per Request)

FOR OFFICIAL USE ONLY: Received Date: _____ Check #: _____ Schedule Date: _____

IMPORTANT: USE THIS FORM FOR RWISOA ASSESSMENTS ONLY – National Referees MUST schedule their assessments directly with National or Regional Assessors. If you have any questions email us at assessments@rwisoa.org

RWISOA Referee: Mail this completed application 20 days prior to scheduling your assessment to:
RWISOA, PO Box 84, Dobbs Ferry, NY 10522

Full Name _____

Email: _____ Cell: _____

Game Date: _____ Game Time: _____

Home Team: _____ Visiting Team: _____

Game Venue/Field Name: _____

Field Address City/State Zip: _____

ASSESSMENT TYPE: (Check One)

Probationary Referee: _____ Maintenance/Evaluation: _____

POSITION: (Check One)

Referee: _____ Assistant Referee: _____ Alt. Official: _____

Make check payable to RWISOA. Payment must be received 20 days prior to scheduling the game.

Mail it to: RWISOA PO Box 84 Dobbs Ferry, NY 10522

Amount Enclosed: _____ Check # _____
