

Great Basin Youth Soccer League Fall 2010 Scheduling Request Form



Team Name: _____ Club: _____ Boys _____ Girls _____

Age Group: _____

Coach Name or Contact Person: _____ Contact Phone #: _____

Email (please print clearly): _____

1. Regional Home Field Designation (to be used for scheduling purposes). **Please circle one.** ***

Reno-South*

Sparks**

Carson City

Carson Valley

South Lake Tahoe***

Truckee***

*Reno South fields include South Valley Sports Complex and Mira Loma Park.

** Sparks fields include Shadow Mountain on Friday nights only during game season.

***(List a second choice if choosing South Tahoe or Truckee in the event we do not have game fields provided to GBYSL for fall. Truckee home game fields will be in Reno if we do not have a fall field and South Tahoe home game fields will be Carson Valley if we do not have a SLT game field.)

2. Tournament Dates (Please give us the specific date of the tournament. **We cannot guess the dates.**)

Tournament: Labor Day Tournament

Date(s): Sept 4-6

Tournament: _____ Date(s): _____

Tournament: _____ Date(s): _____

Tournament: _____ Date(s): _____

3. Out of Area teams request: Double Headers (Saturday only): Y N

Must be 50 miles or more from Reno/Carson City. This request primarily applies to teams from Elko, Bishop, Mammoth Lakes, and some South Tahoe teams.

Please Note:

The Scheduler and GBYSL will do everything possible to grant your request. Please be advised that it may not happen due to software and/or opponent limitations. Opponent limitations include double headers vs. tournament requests in your division. Thank you.

THANK YOU FOR YOUR PARTICIPATION IN GREAT BASIN YOUTH SOCCER LEAGUE!

Great Basin Youth Soccer League

Team Communication

In the event of a last minute field changes or closures, it is extremely important to provide an email address and cell phone number. You will also receive league communication via email.

Please provide the names and contact information for the Head Coach and the person(s) responsible for distributing information to your team.

PLEASE WRITE CLEARLY—ESPECIALLY THE EMAIL ADDRESS!

TEAM NAME: _____

HEAD COACH'S NAME: _____

COACH EMAIL ADDRESS: _____

(PLEASE BE SURE TO WRITE THIS INFORMATION CLEARLY.)

COACH CELL PHONE: _____

OTHER INDIVIDUAL(S) WISHING TO BE LISTED ON THE GBYSL EMAIL LIST:

NAME: _____

EMAIL ADDRESS: _____

CELL PHONE OR EMERGENCY CONTACT #: _____

NAME: _____

EMAIL ADDRESS: _____

CELL PHONE OR EMERGENCY CONTACT #: _____

GREAT BASIN YOUTH SOCCER LEAGUE – REFEREE INFORMATION

Two USSF certified/licensed referees are required to be provided by each team in the referee pool. A minimum of one of these certified referees must be in attendance every team game. Your team's certified referees must be a parent or sibling of team player. **The certified referees cannot be the coach or assistant coach!** These referees will not be required to join the referee pool for all league games unless they wish to do so. The team referees will be assigned to the game in the event a "club linesman" is needed. If the team "Club linesman" is requested, then he or she will be paid the normal linesman fee if they notify the center referee of their certification.

USSF Referee certification classes will be offered to help all team's meet this requirement. Please contact Pam Calhoun, our referee assignor, at gbyslrefassignor@yahoo.com. She needs to be aware of the teams needing referee certification clinics.

You may also contact Chris Roope at roope@sbcglobal.net for dates of future referee classes.

Team Name: _____ **Division:** _____

Referee #1

Are you currently a certified USSF Referee? YES _____ NO _____ If yes, what Grade level? _____

If no, where can we send referee clinic information to you? Email is our preferred form of communication!!!

Name _____

Address _____ City _____ Zipcode _____

Contact Phone Number _____ Cell Phone _____

Email Address (please print clearly)

Do you want to only referee lines (Club linesman) on your team games? YES _____ NO _____

Do you want to be assigned to center and assistant referee other GBYSL youth games? YES _____ NO _____
If yes, please provide us with an idea of your availability March through June '08.

Referee #2

Are you currently a certified USSF Referee? YES _____ NO _____ If yes, what Grade level? _____

If no, where can we send referee clinic information to you? Email is our preferred form of communication!!!

Name _____

Address _____ City _____ Zipcode _____

Contact Phone Number _____ Cell Phone _____

Email Address (please print clearly)

Do you want to only referee lines (Club linesman) on your team games? YES _____ NO _____

Do you want to be assigned to Center and Assistant Referee other GBYSL youth games? YES _____ NO _____
If yes, please provide us with an idea of your availability March through June '08.

If your team is fortunate enough to have additional USSF referees, please attach additional forms with their information. Thank you!!