



10th ANNUAL
Mike Murphy Memorial VIP Tournament

AYSO Section 1
November 22, 2009

Referee Plan

Each team participating in the tournament is asked to provide at least one team of AYSO certified referees, Regional patch level or above. A team of referees is defined as three AYSO-qualified individuals versed in the Laws of the Game, including current law changes and capable of applying the laws according to the spirit of the game.

The referees must be able experienced refereeing VIP games and be familiar with the Tournament Rules of Competition.

The SECTION 1 MIKE MURPHY MEMORIAL VIP TOURNAMNET will use the diagonal system of control (one referee and two assistant referees).

Supplemental referee teams will be provided from the hosting region, or volunteer teams from other regions, to cover vacancies or lack of qualified teams.

Each referee team may expect to officiate at least two games per day. Each team of referees must check-in at the referee station 30 minutes before and immediately after each game.

Referee teams may be assigned a “stand-by” assignment for a particular time slot. This is a required assignment and subject to deposit-refund determination. “Stand-by” referees must check-in at the referee station in the same manner as an actual game assignment and remain there until it is verified that all games are covered.

Participating referees will be instructed to exercise control of the game to maintain safety and good sportsmanship from the players, coaches and spectators. Trifling matters may not be called if it is fair and good sportsmanship is prevalent. The referee will be expected to uphold the Laws of the game, as well as to ensure compliance with all tournament rules and guidelines. Above all, it is the referee’s goal to ensure the game is safe, fair and fun for all participants!

Safe! Fair! Fun!



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REFEREE REGISTRATION FORM

Representing Team:

SECTION: _____ AREA: _____ REGION: _____

COACH'S NAME: _____ TEAM NAME: _____

Referee #1

NAME: _____ PATCH: _____ YOUTH Y/N: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (DAY): _____ TELEPHONE (EVE): _____

EMAIL ADDRESS: _____

OTHER CONFLICTS: _____

Referee #2

NAME: _____ PATCH: _____ YOUTH Y/N: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (DAY): _____ TELEPHONE (EVE): _____

EMAIL ADDRESS: _____

OTHER CONFLICTS: _____

Referee #3

NAME: _____ PATCH: _____ YOUTH Y/N: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (DAY): _____ TELEPHONE (EVE): _____

EMAIL ADDRESS: _____

OTHER CONFLICTS: _____