**State Director of Assessment (SDA)**

**150 Heritage Lane Madison, AL 35758**

**E-mail:SDA@alasoccerref.com**

**REQUEST FOR UPGRADE ASSESSMENT - GRADE 7A**

Effective Dec 8, 2017

It is the responsibility of the referee requesting the assessment to arrange a suitable game.

**TWO WEEKS NOTICE**is required to allow for processing the request & scheduling the Assessor.

***Requirements for UPGRADE to Grade 7A:***

Game Record

Fitness Test

Written exam: Minimum Score 80% on Grade 7 Referee Test

Assessment Grade 7A: 1 Center - U-18 Division 1 Boys match, U-18 Boys Academy match or Adult Division 1 match (2x45 minute halves)

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print)

I would like to be assessed to be upgraded from Grade 8 to Grade 7A. I have arranged to officiate at the following game.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| League: |  | | | Age Division: |  |
| Date: |  | Day: |  | Time: |  |
| Teams: |  | | | | |
| AR's: |  | | | Field # : |  |
| Location for GPS: |  | | | | |
|  | (Full Address including City, State, Zip for GPS Accuracy) | | | | |
| Assignor: |  | | | | |

**ASSESSMENT FEE:** I am enclosing a check in the amount of $**\_\_\_\_\_** payable to the SDA.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Street Address: |  | Home Phone: |  |
| City / State / Zip: |  | Cell Phone: |  |
| E-Mail: |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SDA USE ONLY:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Request Rec'd: |  | Check #: |  | Amount: |  |
| Assessor Assigned: |  | | | | |