

# REFEREE UPGRADE CHECKLIST

To be used in requesting Upgrades 8 to 7, 7 to 6, or 6 to 5  
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512-517-3591

*Incomplete Registration material will be returned.*

Please read all information carefully. If you have any questions, contact the SRA.

## **If you are submitting the upgrade request July 1 to Dec 31 (request for next year upgrade):**

1. Attend an upgrade clinic from July 1 to Dec 31. The fee you pay to register/attend covers your upgrade request. There are no additional fees provided you submit this request prior to Dec 31<sup>st</sup>.
2. Complete all upgrade requirements as outlined in the Referee Administrative Handbook (available at [www.ussoccer.com](http://www.ussoccer.com)).
3. When you have all requirements met, send this form along with your game count to the address above. You will be notified when the request is processed, and your upgrade will be effective January 1.

## **If you are submitting an upgrade request from Jan 1 to June 30 (request for same year upgrade):**

1. You have already registered for the current year at the lower grade. You will need to register and pay an additional fee to be upgraded for the current year. Complete all upgrade requirements as outlined in the Referee Administrative Handbook (available at [www.ussoccer.com](http://www.ussoccer.com)) prior to the next steps.
2. Sign in to your account at stsr.org. Click Add Registrations. Click Upgrade-Same-Year. Find the Same Year Upgrade Clinic under the STSR sponsored clinics, and register for it (\$25 fee will appear in your check-out area). Complete the check out by paying the fee, or indicating check.
3. Send this form with your game count (and the check if you indicated paying by check) to the address above. You will be notified when your request is process and your upgrade will be effective at that time.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

USSF ID \_\_\_\_\_ Current USSF Grade \_\_\_\_\_  
USSF Number must be completed

Request Upgrade to Grade \_\_\_\_\_

## **CLINIC INFORMATION**

Clinic Number \_\_\_\_\_ Clinic Location \_\_\_\_\_ Clinic Date \_\_\_\_\_

*STSR Use Only*

Approve                  Decline                  Comment

SRA \_\_\_\_\_ Date \_\_\_\_\_