

## ARIZONA

# Referee Development Program

### REFEREE UPGRADE REQUEST

Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Level: \_\_\_\_\_ To: \_\_\_\_\_

- Game requirement Referee \_\_\_\_\_ Line \_\_\_\_\_
- Assessment requirements: Date \_\_\_\_\_
- One year in previous grade: Date: \_\_\_\_\_
- Clinic attendance: Date: \_\_\_\_\_
- Examination requirements: Score: \_\_\_\_\_

Comments: \_\_\_\_\_

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Director of Advancement \_\_\_\_\_

Review Board Recommendations: Date: \_\_\_\_\_

Upgrade

Do not upgrade

Comments: \_\_\_\_\_

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State Referee Administrator \_\_\_\_\_