

# CALIFORNIA NORTH REFEREE ADMINISTRATION



## District III Request for Assessment

**DO NOT SEND PAYMENT FOR YOUR ASSESSMENT WITH THIS FORM!** This form may be submitted electronically.

Please print legibly.

Name \_\_\_\_\_ Present Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Type of Assessment requested: Upgrade \_\_\_\_\_ Maintenance \_\_\_\_\_

USSF 16 Digit ID #: \_\_\_\_\_

Please provide your e-mail address, if you have one: \_\_\_\_\_

**I will send you a request for the Assessment Fee after you have been assigned to an assessment match.**

If you have any questions, please contact me prior to submitting this form.

Send Requests to: Bob Fleck  
District III – DDA  
150 Pawnee Place  
Fremont, CA 94539  
510-623-1135  
rjfleck@comcast.net

### Assessment Fees:

Grade 8-7	\$40
Grade 7-6 and Grade 6 Maintenance	\$50
Grade 6-5 and Grade 5 Maintenance	\$50