New York State Certified Officials of Soccer

Referee of the Year Award

Name of Nominee: _____

Address: _____

City: _____Zip: _____

Home Phone: _____ Work Phone: _____

Reason for nominating individual based upon criteria (See Reverse):

Person nominating nominee: _____

Address: _____

City: _____Zip: _____

NYSCOS Chapter: _____

Return to:
John Hogan, Secretary/Treasurer, NYSCOS
68 Claire Pass
Saratoga Springs, New York 12866

Deadline Date: November 1st