

Referee Payment Voucher

Spring 2005

Referee: _____

Address1: _____

City/State/Zip: _____

Phone: _____

Cell Phone: _____

Fax: _____

E-Mail: _____

Soc Sec #: _____

Shirt Size: _____

Tier	No. of Games	Fee	Total
Ref (U11-U14)			
Ref (U15-U18)			
AR (U11-U18)			
Mark your tier status (1,2, or 3) and appropriate fee – see referee instructions for explanation.			

		Fee
If Tier 1, enter fee for	Ref (U11-U14)	\$45
	Ref (U15-U18)	\$60
	AR (U11-U18)	\$35
If Tier 2, enter fee for	Ref (U11-U14)	\$40
	Ref (U15-U18)	\$55
	AR (U11-U18)	\$30
If Tier 3, enter fee for	Ref (U11-U14)	\$35
	Ref (U15-U18)	\$50
	AR (U11-U18)	\$25

	R	AR	Age Group	Game #	Date	Time	Field	Home Coach's Signature
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								

* If you were the Center Referee, put "R" in the box, if you were an Assistant Referee, put an "AR"

I hereby certify that I worked each of the games listed above, in the capacity indicated

Official's Signature: _____

Date: _____

Note: Payment will not be paid if you do not supply your social security number.

Mail To: Kathy Irwin, 270 Boston Road, Groton, MA 01450 or Fax To: (978)-448-2265

Payment Form must be submitted by June 3rd