## Pay Voucher for BASKETBALL Referee

## Name:

$\qquad$
Date: $\qquad$ Phone: $\qquad$

Mailing Address: $\qquad$

## INSTRUCTIONS:

1. Print \& complete ALL information. SIGN \& DATE AT BOTTOM. Do NOT fax vouchers. Incomplete vouchers will be returned.
2. If you are NOT NOTIFED of a changed or cancelled game, you will receive \$10.00. ALL original game information must be completed to receive payment. (Be sure to indicate: LEAGUE, CORRECT name of teams as listed in the schedule and CORRECT DATE.) [If game is rescheduled need original date and the rescheduled date.]
3. You MUST get the HOME TEAM COACH'S signature for EACH game AFTER THE GAME, NOT BEFORE!
4. Specify the level of play in the "League" column: Boys or Girls $\boldsymbol{\&} 3^{\text {rd }} / 4^{\text {th }}$ or $5^{\text {th }} / 6^{\text {th }}$
**PLEASE NOTE: We pay for 2 referees per game. Pay rate is the same with or without a second referee

|  | Original DATE | Cancelled BEFORE Start | Cancelled <br> AFTER Start | Cancelled NO NOTICE | LOCATION | GRADE/ <br> LEAGUE <br> Boys or <br> Girls | AWAY TEAM | HOME <br> TEAM | HOME TEAM Coach's Signature (AFTER GAME) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{array}{\|c} \text { Example } \\ 1 / 29 / 24 \end{array}$ | Example 1/27/24 |  | $\checkmark$ |  | Keeseville <br> Elementary | $\begin{aligned} & \hline 5^{\text {th } / G^{\text {th }}} \\ & \text { Boys } \end{aligned}$ | Keeseville 2 | Cumberland Head Cardinals | signed by coach AFTER GAME not before) |  |
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| TURN | CHER |  | Mail: Clin Person: | County Y <br> n County | Bureau, 137 <br> h Bureau, 13 | aret St, P rgaret St , | $\text { NY } 12901$ | Phone: 565-47 |  |  |

I hereby certify that I officiated at the games indicated above. All games indicated were official County games (NO SCRIMMAGES/TOURNAMENTS)
Signature: $\qquad$ Date: $\qquad$

