Pay Voucher for BASKETBALL Referee

Rev. 09/7/23

INSTRUCTIONS:

Date:	g Address:	Phone	:		1. 2. 3. 4. **PI	Incor If yo game COR rescl You NOT Spec	u are NOT NOT information in the RECT name of the MUST get the EBEFORE!	will be returned. FIFED of a changed or must be completed to of teams as listed in riginal date and the rehome TEAM COAC play in the "League" co	cancelled game, you will receive payment. (Be sthe schedule and CORR scheduled date.] CH'S signature for EACH glumn: Boys or Girls & 3rd / Pay rate is the same with or wi	eceive \$10.00. ALL of sure to indicate: LEAR ECT DATE.) [If gas game AFTER THE Graph of 5th /6th]	original AGUE, ame is
Re- schedule DATE	Original DATE	Cancelled BEFORE Start	Cancelled AFTER Start	Cancelled NO NOTICE	LOCAT	ION	GRADE/ LEAGUE Boys or Girls	AWAY TEAM	HOME TEAM	HOME TEAM Coach's Signature (AFTER GAME)	Office Use
Example 1/29/24	Example 1/27/24		~		Keeseville Elementary		5 th /6 th Boys	Keeseville 2	Cumberland Head Cardinals	signed by coach AFTER GAME <u>not</u> before)	

RETURN VOUCHER TO: By Mail: Clinton County Youth Bureau, 137 Margaret St, Plattsburgh NY 12901

Name:_____

In Person: Clinton County Youth Bureau, 135 Margaret St, 2nd Floor, Plattsburgh, NY 12901 Phone: 565-4750

I hereby certify that I officiated at the games indicated above. All games indicated were official County games (NO SCRIMMAGES/TOURNAMENTS)

Signature:	Date: