Pay Voucher for BASKETBALL Referee

Name: _____

Date: _____ **Phone:** _____

Mailing Address: _____

_____

INSTRUCTIONS: **Rev. 10/12/18**

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 **&** 3rd /4th or 5th /6th or 7th /8th

PLEASE NOTE: We pay for 2 referees per game. **Pay rate is the same with or without a second referee

Re-schedule DATE	**Original DATE**	Cancelled BEFORE Start ✓	Cancelled AFTER Start ✓	**Cancelled NO NOTICE** ✓	**LOCATION**	**GRADE/ LEAGUE** Boys or Girls	**AWAY TEAM**	**HOME TEAM**	HOME TEAM Coach's Signature (AFTER GAME)	**Office Use**
Example 1/10/08	*Example 10/4/08*		✓		*Keeseville Elementary*	*5th/6th Boys*	*Keeseville 2*	*Cumberland Head Cardinals*	*signed by coach AFTER GAME not before)*	

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