Pay Voucher for SOCCER Referee

Name: _____

Date: _____ **Phone:** _____

S.S.#: _____

Mailing Address: _____

_____

INSTRUCTIONS: **Rev 8/2/13**

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 rainout, cancellation or moved 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. **MITES** or **PEEWEE** or **BANTAM**
5. **PLEASE NOTE: Mites Level - we pay for ONE referee per game.
   Pee Wee/Bantam Levels – we pay for TWO 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	LEAGUE	AWAY TEAM	HOME TEAM	HOME TEAM Coach's Signature (AFTER GAME)	Office Use
Example 9/10/08	***Example 9/3/08***		✓		*JC Park*	*PeeWee*	*Keeseville Cardinals*	*Morrisonville Tigers*	*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 Suite 203, 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).**

Signature: _____ **Date:** _____