

Pay Voucher for SOCCER Referee

Rev 8/2/13

Name: _____

Date: _____ Phone: _____

S.S.#: _____

Mailing Address: _____

INSTRUCTIONS:

1. Print & Complete ALL information. **SIGN & DATE AT BOTTOM.** Do NOT fax vouchers. Incomplete vouchers will be returned.
 2. If you are **NOT NOTIFIED** 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 <input type="checkbox"/>	Cancelled AFTER Start <input type="checkbox"/>	Cancelled NO NOTICE <input type="checkbox"/>	LOCATION	LEAGUE	AWAY TEAM	HOME TEAM	HOME TEAM Coach's Signature (AFTER GAME)	Office Use
<i>Example</i> 9/10/08	<i>Example</i> 9/3/08	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	JC Park	PeeWee	Keeseville Cardinals	Morrisonville Tigers	<i>signed by coach AFTER GAME not before)</i>	

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: _____