

REFEREE VERIFICATION AND PAYMENT SHEET

YOUR NAME		
YOUR ADDRESS		
WERE YOU REFEREE?		WERE YOU ASSISTANT REFEREE?
GAME NUMBER		GAME DATE
GAME TIME	GAME FIELD	AGE GROUP (U14B-IV, ETC)
HOME TEAM		AWAY TEAM
HOME COACH SIGNATURE		

IMPORTANT INSTRUCTIONS!!

(1) FOR THIS GAME TO BE COUNTED TOWARD THE AFFILIATED REFEREE REQUIREMENT OR TO RECEIVE PAYMENT FOR THIS GAME, BOTH ADULT AND YOUTH REFEREES MUST TURN IN THIS PAYMENT SHEET.

**(2) MAIL TO: ACCYSL
P.O. BOX 1545
EL CERRITO, CA 94530**

BE THERE, BE AWARE, BE FAIR