

EWZSA Outdoor 2009

Assistant Referee Payment Form



Referee Name: _____

Pick-up Location: 15430-93 Avenue (beside the playground)

Referee's Address: _____

Referee's Phone # _____ Cell # _____ Work # _____

Month # of Games Worked All games @ \$25/game Total

		@ \$25/game	
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TOTAL PAYMENT DUE: \$ _____

Please list your games below or attach your list with all the details below and any other information that would assist the office in making payment.

USE THIS FORM ONLY FOR (ASSISTANT REFEREE ONLY) U14, U16, U18 COMMUNITY AND CITY WIDE TEAMS U14 THROUGH U18.

Date	Time	Age	Tier	Home Team	Away Team	Field	Total \$

This summary is to be turned into the Edmonton West Zone Soccer Association At 15430-93 Avenue (Beside The Playground) as necessary for payment. Cheques will be mailed unless marked to hold for pickup at our office. Please submit as often as possible.

PLEASE ATTACH A GOLD COPY OF THE GAME SHEET FOR EACH GAME THAT YOU OFFICIATED. IF YOU DO NOT HAVE A COPY OF THE GAME SHEET, USE THE BACK OF THIS SHEET AND MARK DOWN THE DATE; TIME; FIELD; TEAM; COACHES NAME AND ANY OTHER INFORMATION THAT WOULD ASSIST THE OFFICE IN MAKING PAYMENT.