## Pay Voucher for SOCCER Referee

Name:Phone: Date:Phone:				INSTRUCTIONS: Rev 10/1   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. A original game information must be completed to receive payment. (Be sure to indicate: LEAGU CORRECT name of teams as listed in the schedule and CORRECT DATE.) [If game is resched need original date and the rescheduled date.]   3. You MUST get the HOME TEAM COACH'S signature for EACH game AFTER THE GAM 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.					ALL GUE, aeduled	
<b>Re-</b> schedule DATE	Original DATE	Cancelled BEFORE Start	Cancelled AFTER Start	Cancelled NO NOTICE	LOCATION	LEAGUE	rate is the same with or AWAY TEAM	without a second refere HOME TEAM	e**** HOME TEAM Coach's Signature (AFTER GAME)	Office Use
<i>Example</i> <i>9/10/08</i>	Example 9/3/08		~		JC Park	PeeWee	Keeseville Cardinals	Morrisonville Tigers	signed by coach AFTER GAME <u>not</u> before)	
RETURN V	OUCHER	ГО: Ву	v Mail: Clint	ton County Yo	uth Bureau, 137 N	Aargaret St. Platt	sburgh NY 12901			

**By Mail:** Clinton County Youth Bureau, 137 Margaret St, Plattsburgh NY 12901 **In Person:** Clinton County Youth Bureau, 135 Margaret St, 2<sup>nd</sup> 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: