



Referee Pay Claim Form - _____ 2019

(Insert Month)

Form must be submitted to referee@ancastersoccer.com or delivered to our office at 314 Wilson St. E by the due date for each month.

Division	Referee	AR
Under 8	\$25	N/A
Under 10	\$25	N/A
Under 12	\$30	N/A
Under 14	\$40	\$30
Under 16	\$45	\$35
Under 19	\$50	\$40

Referee Name (As it will appear on cheque)

Referee Email

Fees based on referee arriving 30 mins prior to kickoff and completing all duties. \$5 deduction if requirement not met.

#	Date	Field	Divison + Ref/AR	Fee
0	June 4th	Ancaster HS 8	U16 Boys AR	\$35
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Total \$

Month	Claim Due at 10am	Ready for Pickup By
May/June	July 2nd	July 9th
July	August 3rd	August 10th
August	August 28th	September 4th

Referee Signature