

# REFEREES REIMBURSEMENT REQUEST FORM

**NAME** \_\_\_\_\_  
(FIRST AND LAST)

**ADDRESS** \_\_\_\_\_  
(ONLY NEED ONCE)

**SS#** \_\_\_\_\_  
(UPON REQUEST)

**LEVEL 1 2 3**  
(CIRCLE ONE)

**TEAMS**  
(EXAMPLE PEE WEE vs DETROIT LAKES)

**DATE**  
(WHEN GAME WAS PLAYED)

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IF THERE ARE ANY DISCREPANCIES AS TO WHO DID WHICH GAMES, NO ONE WILL GET PAID FOR THE GAMES IN QUESTION.

**REFEREE FEES:**

LEVEL 1 \$45 PER GAME  
LEVEL 2 \$55 PER GAME  
LEVEL 3 \$65 PER GAME

CHECKS WILL BE PLACED IN THE OFFICE (REFS CLIP) UNLESS OTHER ARRANGMENTS ARE MADE/NOTED ON THIS SHEET. THANK YOU!