

# St. Clement's Soccer Referee Pay Sheet

Date Submitted: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Date	Game	Game Type	Location	Referee or Line	Fee
Eg. Jan 1, 2010	Under ___	House league	St. Clements		\$
<b>TOTAL</b>					

**Submit this form by the 15th of each month. Allow 2-3 weeks for payment.**