

**Broken Arrow Soccer Club
Referee Payment Reimbursement Form
U 13 & 14 OPL-HFC (Competitive) Teams**

This form is required in order for the BASC to reimburse you for these fees. We will not accept game forms, referee vouchers, or any other method of proof that you played the games. You must fill in the referees' names or you will not be reimbursed.

Game Date: _____

Center Referee: _____ \$ 17.50 (half of fee)
(please print)

Assistant Referee: _____ \$ 10.50 (half of fee)
(please print)

Assistant Referee: _____ \$ 10.50 (half of fee)
(please print)

Total Payment: \$ 38.50

Teams: _____ vs _____
BASC (HFC) Team Opponent

Team number

Signature of BASC (HFC) Coach or Manager

Address to mail check _____

BASC Bylaws require that you request reimbursement for your referee fees no later than 90 days after the date of the event.