

**Broken Arrow Soccer Club**  
**Referee Payment Reimbursement Form**  
**U 17, 18, 19 GCSA-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: \_\_\_\_\_ \$ 40.00  
(please print)

Assistant Referee: \_\_\_\_\_ \$ 25.00  
(please print)

Assistant Referee: \_\_\_\_\_ \$ 25.00  
(please print)

Total Payment: \$ 90.00

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.**