

Scugog Soccer Association Referee Invoice

Please Print. One Invoice per game.

This form is only to be used for games which have referees or assistant referees assigned by the SSA.

Game Date:	Game Time:	Game #:	League: (CESL, DBSL, NDSL)	Division: (eg U16B):	Field #:
Home Team Name: Score: <input type="text"/>			Visiting Team Name: Score: <input type="text"/>		
Referee Name : (Only if assigned by the SSA):			Signature:		
Assistant Referee 1 Name: (Only if assigned by the SSA):			Signature:		
Assistant Referee 2 Name: (Only if assigned by the SSA):			Signature:		
Notes: (eg: Game never started due to weather; Game stopped in the second half due to weather; Game forfeited by visiting team)					

Version: May 14, 2008

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