

Milton Soccer Academy

Your not-for-profit community soccer club

829 Willow Ave
Milton ON L9T 3E5
905.878.0209

Referee Pay Sheet - Adults



First Name		Last Name		OSA#		Year	
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Instructions: Specify game number as per schedule. Attach completed game sheets from home and away teams to this Pay Sheet. Sign and present to Director of Referees on 1st game day of following month.

Date (dd/mm)	Game Number	Game Score		Field Location	Position (MR – AR1 – AR2)
		Home	Away		
I have worked the above listed games (signature →)					

OFFICE USE ONLY

Number of games _____ * **MR** rate \$ _____ = \$ _____.

Number of games _____ * **AR** rate \$ _____ = \$ _____.

:Total # of games _____ Total Pay this period \$ _____.

Cash Amount		Cheque #:	
Date:			
Director:			
Signature:			