

EAST LYME SOCCER YOUTH REFEREE GAME CHIT

Dear East Lyme Coach:

Please provide the information necessary in box below and give this chit to the appropriate referee(s) after the game. Thank You.

Game Date: _____			
CIRCLE Age of Players: U-10 U-12 U-14 High School			
CIRCLE Referee's Role:			
Referee (U-14) \$35.00	Referee (U-12) \$30.00	Asst Referee (U-12/U-14) \$20.00	Referee U-10 \$20.00
Referee (High School) \$40.00	Asst Referee (High School) \$25.00		
Coaches Signature: _____			

For Payment Send to:

East Lyme Soccer Association
c/o Patti Bauman
15 Harvest Glen
East Lyme, CT 06333

Referee Contact Information for Payment:

Name: _____

Address: _____

City: _____

Phone: _____