

Royal City Youth Soccer Club
Referee/Linesmen Payment Summary

Age & Level: U - _____ Coach Name: _____
 Gender: _____ Address: _____
 Team Name: _____
 Year: 2017 - 2018 Phone: _____

Game Date	Opposing Team	Amt. Paid Referee	Amt. Paid Linesman	Amt. Paid Linesman	Total Paid
9/13/2009	<i>Example</i>	\$30.00	\$18.00	\$18.00	\$66.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
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					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
Total Paid for Referees:					<u>\$0.00</u>
Total Funds Paid to team by RCYSC :					<u>\$0.00</u>
Outstanding:					<u>\$0.00</u>

Please return to the treasurer at treasurer@rcyssc.com
 Must be completed and returned to the club by March 15th of the current season.