Referee Reimbursement Verification

NCFC Requires referees to sign this form as verification that they worked for any given game. If you are reimbursing a referee, you must get their printed name (legibile please) and their signature. You can submit this form online and send a scanned or photographed copy of this form electronically to the treasurer at Treasurer@newcanaanfc.com or mail the original to the address below.

TEAM (e.g. Boys U-12 - Black) _____
COACH NAME / TELEPHONE _____
MANAGER NAME / TELEPHONE _____

DATE	NAME(S) OF REFEREE / REFEREE ASSISTANT	FEE PAID	SIGNATURE

TOTAL FEES:

MAKE CHECK PAYABLE TO: _____

_____

_____

MAIL TO: NCFC TREASURER, PO BOX 292, NEW CANAAN, CT 06840