



This form is fillable or can be printed and handwritten

Referee Reimbursement Form

Student First Name/Last Name _____ **Student Signature** _____
First name last name signature

Address _____
House number Street City Postal Code

Phone Number _____ **Social Insurance Number** _____
Phone number SIN

The SD42 school you currently attend _____
(referees must be current SD42 students)

*Please ensure **ALL** requested information is provided or payment can't be processed*

Date of Service (only one form per day)	Location of game and sport	Amount to be paid (single games \$15/tournaments \$25 for 3 games)

Please note:

Complete ONE form for each day you ref
 Form(s) to be given to the coach after each game/tournament
 Payments are processed monthly through the Finance Department, schools are **NOT** to pay students directly (coaches will send **COMPLETED** forms to District Office – Attention: Kerry Sorokowski)
 All reimbursement forms must be received prior to June 15th to meet the school year end deadline for payment. Forms received after the cutoff date will **NOT** be paid.

Name of Coach _____ **Coach's Signature** _____