



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 (Must be a current SD42 student) _____ Grade: _____

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

Date of Service	Location of game and sport	Amount to be paid (single games \$15/tournaments \$25 for 3 games)	Coaches Name	Coaches Signature

Please note:
 You can have up to 5 days of reffing on one form.
 Payments are processed monthly. Send completed forms to District Office – Attn: Chalaine Jennings
 Forms must be received by June 15th or they will not be paid.