



BRAMPTON YOUTH SOCCER CLUB

Referees Claim Form



*****ALL FIELDS MUST BE FILLED OUT IN ITS ENTIRETY OR CLAIM WILL NOT BE PROCESSED!*****

Name:		S I N:	
Address:		O S A #:	
City:			
Postal Code:		Telephone:	
email:			

INDOOR SEASON

of Games

U6 - U10		GAMES AT \$16 =	
U11 - U13		GAMES AT \$22 =	
U14 - U15		GAMES AT \$27 =	
U16 - U18		GAMES AT \$29 =	
Indoor Sub Total			

OUTDOOR SEASON

of Games

U6 - U9		GAMES AT \$18 =	
U10		GAMES AT \$28 =	
U11 - U12		GAMES AT \$38 =	
U13		GAMES AT \$44 =	
U14 - U15		GAMES AT \$50 =	
U16 - U18*		GAMES AT \$50 =	
Outdoor Sub Total			

OTHER - (please specify)	
--------------------------	--

TOTAL CLAIM

REFEREE SIGNATURE: _____

DATE: _____

VERIFIED BY: _____

DATE: _____

Forms are to be **SUBMITTED ONLY ONCE PER MONTH** for payment at the BYSC Office at...
 8950 McLaughlin Rd South Bldg D., Brampton, ON L6Y 5T1
 OFFICE HOURS: Monday - Thursday 4:00pm - 8:00pm and Saturday 9:00am - 1:00pm

Cheque #		Cheque Date:	
----------	--	--------------	--