

**ASSABET VALLEY YOUTH SOCCER LEAGUE
REFEREE PAYMENT CARD**

MUST BE MAILED WITHIN 48 HOURS OF THE GAME
FOR PAYMENT, CARDS MUST BE SENT NO LATER THAN 15 DAYS AFTER END OF SEASON

Date _____ Game Number _____
 (Circle) Boys Girls Kick Off Time _____
 (Circle) U10 U12 U14 K.O. by Home Away
 Division _____ Field _____

Home Team _____ Team # _____
 Home Coach (Print) _____
 Home Coach (Sign) _____

Away Team _____ Team # _____
 Away Coach (Print) _____
 Away Coach (Sign) _____

Referee Name (Print) _____
 Referee Name (Sign) _____
 Referee Address _____

 Referee Phone Number _____

	HOME	AWAY
GOALS	Shirt Color	Shirt color
1st Half		
2nd Half		
Final		

	C/E -- Team -- Player Name -- Uniform # -- Reason
Cautions	
Or	
Ejections	

A REPORT MUST BE INCLUDED FOR ALL EJECTIONS

MAIL TO: Paul Marcheterre GAME TIMES
 192 Gates Pond Rd U 10 -- 4x15
 Berlin, MA 01503 U 12 -- 2x30
 (978) 568-1324 U 14 -- 2x35

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