Western Onondaga Youth Soccer Association
www.woysa.org

REFEREE PAYMENT VOUCHER

NAME: _____
ADDRESS:_____
CITY, STATE, ZIP:_____
PHONE:_____

SIGNATURE_____

DATE	TIME	AGE	FIELD	COACH SIGNATURE	COACH SIGNATURE	PARTNER	RATE
					TOTAL PAY FOR SEASON		

Mail To: **Matthew Hall**
3714A Henley Court
Baldwinsville, NY 13027

PAY RATES PER GAME

U8 = $7 PER GAME
U10 = $10 PER GAME
U12 = $12 PER GAME
U15 H.R. = $18 PER GAME
U15 A.R. = $7 PER GAME

Instructions for fields to be completed

- Date and time of game
- Age – age of teams being officiated i.e. U8B, U10G
- Both coaches signature on same line
- Partner – the ref you worked that game with. (If alone, leave blank)
- At end of season fill in rate column and total
- You will have two weeks from end of regular season for first payroll.
- Late vouchers will be paid after next monthly board meeting after receipt.