



BRAMPTON YOUTH SOCCER CLUB

Assistant 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:			

OUTDOOR SEASON

of Games

Assistant Referee		LINES AT \$25 =	
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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 - Thursda 4:00pm - 8:00pm and Saturday 9:00am - 1:00pm

Cheque #		Cheque Date:	
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