

# Soccer Referee Invoice

## Soccer Club:

Soccer Club of Ridgefield (SCOR)  
PO BOX 694  
Ridgefield, CT 06877

## USSF Referee:

Name \_\_\_\_\_ Address \_\_\_\_\_  
(Please print) (Please print)

Phone (\_\_\_\_\_) \_\_\_\_\_

## Description of Service:

\_\_\_\_\_  
(Boys) (Girls) (Date of Service) (Time) (AM/PM) (League – CJSA or specify) (Cup or Division)

\_\_\_\_\_  
(Field) (Home team- name and town) (Visiting team – name and town)

## Travel League

	Referee	Assistant Referee
U-10	_____ \$40	_____ \$25
U-11	_____ \$55	_____ \$35
U-12	_____ \$55	_____ \$35
U-13	_____ \$55	_____ \$35
U-14	_____ \$55	_____ \$35
U-15	_____ \$60	_____ \$40
U-16	_____ \$60	_____ \$40
U-17	_____ \$60	_____ \$40
U-18	_____ \$60	_____ \$40

## State Cup/Premier League

	Referee	Assistant Referee	Fourth Official
U-11/U-12	_____ (specify) \$55	_____ \$35	_____ \$35
U-13 & Above	_____ (specify) \$60	_____ \$40	_____ \$40

## Summary:

Invoice Total: \_\_\_\_\_ Comments: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Soccer Referee: \_\_\_\_\_  
(Signature) (Date)

Team Manager: \_\_\_\_\_  
(Please Print) (Signature) (Date)