

# WSA - Referee Payment Record

TEAM \_\_\_\_\_ MANAGER \_\_\_\_\_ SEASON \_\_\_\_\_

Game #	Date	Opponent	Field	Money Paid	Center Ref
					_____ name / address / phone number
					AR _____ name / address / phone number
					AR _____ name / address / phone number

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Total  
 Less original allocation \_\_\_\_\_  
 Balance Due

*Managers: At season's end, please submit this completed form to your VP Travel and Kathy Kelley via [KathrynKelley@comcast.net](mailto:KathrynKelley@comcast.net).*