

## EAST LYME SOCCER YOUTH REFEREE GAME CHIT

Dear East Lyme Coach:

Please provide the information necessary in box below and give this chit to the appropriate referee(s) after the game. Thank you.

Game date: \_\_\_\_\_

**CIRCLE** Age of Players    U-9    U-10    U-11    U-12    U-13    U-14    High School

**CIRCLE** Referee's Role:                      Referee (U-9/U-10)

**\$20.00**

Referee (U-11/U-12/U-13/U-14)

**\$35.00**

Asst Referee (U-11/U-12/U-13/U-14)

**\$20.00**

Referee (High School)

**\$40.00**

Asst Referee (High School)

**\$30.00**

Coaches Signature: \_\_\_\_\_

**For payments, Mail TO:**

East Lyme Soccer Association  
PO Box 448  
East Lyme, CT 06333

### Referee Contact Information for Payment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Revised 06/22/17