



### Check Request Form

Team \_\_\_\_\_

Manager \_\_\_\_\_

First Name (print) \_\_\_\_\_

Last Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**YOU MUST GET SIGNATURES FROM REFEREES AND LINESMEN IN ORDER TO BE REIMBURSED**

**Referee Fees effective Fall 2017:**    **U8 to U10: \$60 for center and \$40 for ARs**  
  **U11 to U12: \$70 for center and \$45 for ARs**  
  **U13 to U15: \$70 for center and \$50 for ARs**  
  **U17 to U20: \$75 for center and \$55 for ARs**

Center Ref Name (print) \_\_\_\_\_

Center Ref Signature \_\_\_\_\_

Date \_\_\_\_\_

AR#1 Name (print) \_\_\_\_\_

AR#1 Signature \_\_\_\_\_

Date \_\_\_\_\_

AR#2 Name (print) \_\_\_\_\_

AR#2 Signature \_\_\_\_\_

Date \_\_\_\_\_

Equipment (attach receipt) \_\_\_\_\_

Tournament (name/date) \_\_\_\_\_

Tournament fee (attach receipt) \_\_\_\_\_

Other (attach receipt) \_\_\_\_\_

Check payable to \_\_\_\_\_

Amount \_\_\_\_\_

Address \_\_\_\_\_

Director Approval \_\_\_\_\_

**Scan & Email Completed Forms To:**

[Treasurer.wsc.1@gmail.com](mailto:Treasurer.wsc.1@gmail.com)

[lisabarnawagner@yahoo.com](mailto:lisabarnawagner@yahoo.com)