



Referee Voucher

Please fill out the following form to claim reimbursement for CVSL games that you refereed during the current session. Also, **include a referee report signed by coaches for each game that you have officiated** or we cannot provide reimbursement.

Referee Name: _____

Referee Address: _____

Referee Telephone: _____

Referee Email: _____

Division	# Games Refereed	Fee Per Game	Total
U 8		\$10.00	
U 10		\$13.00	
U 12		\$17.00	
U 14 & Up		\$35.00	
U 14 & Up Sideline		\$10.00	
Total:			

Chamber Local Bucks	Amount (\$)
Total:	

Vouchers are due to the Referee Administrator within four weeks after the conclusion of the last day of games for the specific Fall or Spring season in which games were refereed.

Late or incomplete vouchers will not be accepted!

Mail To: John Berschback
1107 N. Moonlight Drive
Altoona, WI 54720

Email: johnberschback@hotmail.com