



REFEREE END-OF-SEASON VOUCHER

Please fill out the following form to claim reimbursement for CVSL games that you refereed during the current session. **Please 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	Number of Games	Fee per Game	Extended
U8		\$20	
U9/U10		\$25	
U11/U12		\$32	
U14+ Center		\$45	
U14+ AR		\$15	
		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. An email will be sent with specifics.

Late or incomplete vouchers will not be accepted.

Email to:
referees@ayso803.org

Mail to:
Joseph Rapienski
4432 Clay Street
Eau Claire, WI 54701