

NYS - Intramural Referee Payment Form

S/F 2017

Please **complete** form, scan and email (or **complete** form and mail) for payment.

[For Payment Rates please check NYS website](#)

Referee / Mentor Information (one form per assignment ¹):

First and Last Name Phone:
 Address: Zip:
 Email:

Game Information:

Date: Time: Field:
 Home Team (Name): Away Team (Name):

Home Team - Coach Name and Signature (required):

	Game: <i>You must select one per assignment ¹</i> <input type="checkbox"/> 2 nd Grade MENTOR <input type="checkbox"/> 3 rd Grade Referee <input type="checkbox"/> 4 th Grade Referee <input type="checkbox"/> 5 th - 6 th Grade Referee	Game: <i>You must select one per assignment ¹</i> <input type="checkbox"/> 2 nd Grade Referee <input type="checkbox"/> 3 rd Grade ASST. REF. <input type="checkbox"/> 4 th Grade ASST. REF. <input type="checkbox"/> 5 th - 6 th Grade Asst. Ref.	
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IM Referee Assigner: Sujit K. Basu; Email: SujitNYSRef@gmail.com

Refer to email assignment for your game. **Do NOT send payment form to assigner!**

 Payment Form Contact Information:	Thom Murphy NYS Treasurer 17 Weldon Road Newton, MA 02458 Email: treasurer@newtonsoccer.org	Incomplete forms can't be processed!
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Referee Report:

Coach conduct - good?	<input type="checkbox"/> Home Team <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Away Team <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:		

¹ Each **Mentor assignment** = 2 games; each **Referee assignment** = 1 game