

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 (non-Certified Ref): <i>You must select one per assignment ¹</i>	Game (Certified ² Ref): <i>You must select one per assignment ¹</i>	
	<input type="checkbox"/> 2 nd Grade MENTOR	<input type="checkbox"/> 2 nd Grade MENTOR	
	<input type="checkbox"/> 2 nd Grade Referee	<input type="checkbox"/> 2 nd Grade Referee	
	<input type="checkbox"/> 3 rd Grade Referee	<input type="checkbox"/> 3 rd Grade Referee	
	<input type="checkbox"/> 4 th , 5 th - 6 th Grade	<input type="checkbox"/> 4 th , 5 th - 6 th Grade	

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 Mailing Information:	Thom Murphy NYS Treasurer 17 Weldon Road Newton, MA 02458 Email: murphy.thom@gmail.com	<i>Incomplete forms can't be processed!</i>
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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

² Certified by US Soccer and / or Mass State Referee Committee