

NYS Intramural Referee Payment Form

Please **complete** form prior or after printing and mail the form for payment. [Payment Fees](#)

Referee Information (one form per game):

First and Last name Phone:

Address: Zip:

Email:

Game Information:

Date: Time: Field: Check fields and schedules

White Team (name): Orange Team (name):

White Team - Coach Name and Signature:

	<u>Game (non-Certified Ref):</u> <i>You must select one per game</i>	<u>Game (Certified Ref):</u> <i>You must select one per game</i>	
	<input type="checkbox"/> 2nd grade	<input type="checkbox"/> 2nd grade	
	<input type="checkbox"/> 3rd Grade	<input type="checkbox"/> 3rd grade	
	<input type="checkbox"/> 4th grade	<input type="checkbox"/> 4th grade	
	<input type="checkbox"/> 5th grade	<input type="checkbox"/> 5th grade	
	<input type="checkbox"/> 6-7 grade	<input type="checkbox"/> 6-7 grade	
	<input type="checkbox"/> 8-10 grade	<input type="checkbox"/> 8-10 grade	

IM Referee Assigner (circle one): Will Howcroft David Conklin

Mailing Information:	Jeff Kalowski NYS Treasurer 22 Halcyon Road Newton , MA 02459	<i>Incomplete forms can't be processed!</i>
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Referee Report:

Coach good conduct?	<input type="checkbox"/> White team <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Orange team <input type="checkbox"/> Yes <input type="checkbox"/> No	Field Status: 617-928-6061
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Comments:

(Use reverse side if needed)