

REFEREE RECEIPT

Fall 2017/Spring 2018

NASA - Coaches Name: _____

Field: _____ Date: _____

Opponent: _____ Time: _____

Center Referee Name (Print): _____ (Printed Name MUST be Legible)	Amount Paid:
Center Referee Signature: _____	\$ 45

Asst. Referee Name (Print): _____ (Printed Name MUST be Legible)	Amount Paid:
Asst. Referee Signature: _____	\$ 30

Asst. Referee Name (Print): _____ (Printed Name MUST be Legible)	Amount Paid:
Asst. Referee Signature: _____	\$ 30

Fee Schedule:

Age Group		Saturday/Sunday			Stand-Alone-Game		
		Center	Line	Total	Center	Line	Total
U09-U10	7v7	\$40	None	\$40	\$55	None	\$55
U11-U12	9v9	\$45	\$30	\$105	\$65	\$45	\$155
U13-U14	11v11	\$45	\$30	\$105	\$65	\$45	\$155
U15-U19	11v11	\$55	\$35	\$125	\$75	\$55	\$185

Managers/Coaches Comments:

Mail Signed Receipt to: NASA PO Box 26735 Austin Tx 78755