Official/Referee/Trainer Payment Request

UTC Club Sports

Name of Club: _____

Name of Official/Referee/Trainer: _____

Date(s) Worked: _____

Pay Rate: $_____ x _____ = _____
game/day Total

I hereby authorize the payment of the above official for services rendered.

Club President or Treasurer:_____ Date: _____

Official/Referee/Trainer:_____Date: _____