

# *AYSO Region 154 Referee Reimbursement Form*

Date: \_\_\_\_\_

Name of Referee: \_\_\_\_\_ /Email: \_\_\_\_\_

<b>Date Completed:</b>	<b>Association Fee Type:</b>	<b>Fee Amount:</b>	<b>Amount Requested:</b>
	Cal South Annual Fee	\$55	
	Live Scan	\$___	
	NOCRA Annual Fee	\$75	
	USSF Badge Conversion	\$40	
			<b>Total:</b>

*I certify that all of the associated fees listed above were completed, paid for and can be verified by the attached documentation. I am aware that if any of the listed fees cannot be verified by documentation (i.e.: receipts), I will not be reimbursed for those funds. I am also aware that this is a onetime AYSO Region 154 reimbursement for my initial year and transfer to USSF/Cal South/NOCRA. All associations' annual fees after the first year are my sole responsibility and not AYSO Region 154.*

Referee Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Reviewed and Approved:

Region 154 Treasurer: \_\_\_\_\_