

Vernon Youth Soccer

Referee Pay Card

Referee Name:			
Date:	Field:	Division:	Time:
Team #1 Name:		Team #1 Coach Signature:	
Team #2 Name:		Team #2 Coach Signature:	
Name of other referee:		Name of other referee:	

Write any comments or issues on the back

When completed mail card to VYS, P.O. Box 732, Vernon, NJ 07462

Received By:	Payment Issued:
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