

Paola Soccer Club Referee Time Sheet

Date: _____

Employee Name: _____

Mailing Address: _____

City: _____

To Be Turned in Weekly

Game Time	Division U8, U10, U12, U14, U19	Position: Center/AR	Amount
		Total	

Center
 U8 \$23.00
 U10 \$23.00
 U12 \$28.00
 U14 \$34.00
 U19 \$41.00

AR
 U10 \$16.00
 U12 \$18.00
 U14 \$23.00

Approved By: _____

Time sheets need to be turned in weekly.
 Checks will be cut for the following week

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