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Referee Payment Request Form

Complete and submit this form to risingstarssportscenter@gmail.com. Form must be completed and submitted 72 hours after the game that payment is being requested for. Submissions after 72 hours will be reviewed by the board and may not be accepted. Any questions please contact Frank Jr. at 315-335-1811.

Game #: _____

Date of Cancelled Game: _____

Cancelling Team: _____

Amount Requesting: _____

Age Group & Division: _____

Home Team: _____

Away Team: _____

Reason for Request: _____
