

CBA REFEREE PAY SHEET

Make a copy for your records prior to submitting for payment

Cary Basketball Association (CBA)

P O Box 119, Cary, IL 60013

Scan/Email to cbafinance@yahoo.com



GT/BT

Grades 5-8

Name: _____ (please print clearly)

Address: _____ Phone: _____

City, State, Zip: _____

Email: _____ IHSA # _____

Date	Time	Location	Level	Partner	Signature of Coach / Director

Reconcile (total each form separately): Please use another form to continue with games if necessary

# Games	Grade	Rate (Patch/ Not Patch)	Total	<i>For CBA use only:</i>	
	5 - 6	\$40/\$25			Date Received: _____ Approvals: _____
	7 - 8	\$45/\$30			Director of Referee Scheduling: _____
					Treasurer: _____
TOTALS				Check Number: _____ Date Paid: _____	