

**St. Charles Soccer COACHES REFEREE EXPENSES**

**SEASON:** \_\_\_\_\_

COACH NAME \_\_\_\_\_

DATE PLAYED \_\_\_\_\_ GAME # \_\_\_\_\_

TEAM NAME \_\_\_\_\_ (U- ) \_\_\_\_\_

OPPOSING TEAM \_\_\_\_\_

1. REFEREE \_\_\_\_\_ →

2. ASST. REF \_\_\_\_\_ →

3. ASST, REF \_\_\_\_\_ →

1. STARTING BALANCE \$ \_\_\_\_\_

2. AMOUNT PAID \$ \_\_\_\_\_

3. AMOUNT PAID \$ \_\_\_\_\_

4. AMOUNT PAID \$ \_\_\_\_\_

5. TOTAL PAID \$ \_\_\_\_\_

6. (#1) - (#5) = \$ \_\_\_\_\_

7. REMAINING BALANCE \$ \_\_\_\_\_

(Carry over to next Game "Starting Balance")

◆ **Advance to Coaches: Agreement**

The Head Coach is responsible for keeping accurate records of Referee Expenses for the season. In order to get future advances the coach must present (in this form) their need for it. If proper documentation is not presented, the Coach WILL NOT receive additional money. Any abuse or falsifying this record will *result* in coaching privileges being revoked by the SCSL Board of Directors. Please contact KATHY SALLES, Treasurer @ 504-259-2784 8 for any questions. E-mail Address: [katsoccer66@yahoo.com](mailto:katsoccer66@yahoo.com)

ST. CHARLES SOCCER WEB SITE: [www.stcharlessoccer.org](http://www.stcharlessoccer.org)

◆ HEAD COACH SIGNATURE (The above is true & accurate) \_\_\_\_\_ DATE \_\_\_\_\_

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