

Peninsula Referees' Association

Water Polo Tournament Officiating Fee

BILL TO:

DATE

School:

Make payment to:

Name:

Address:

City:

State:

Zip:

Telephone:

ssn:

DESCRIPTION				AMOUNT
#of games	#-officials	level	qtr	pay code
	1	VARSIITY	5	36
	2	VARSIITY	5	30
	1	VARSIITY	6	40
	2	VARSIITY	6	33
	1	VARSIITY	7	43
	2	VARSIITY	7	36
	1	non varsity	5	31
	2	non varsity	5	26
	1	non varsity	6	36
	2	non varsity	6	29
please make payment within 30 days from of contest				
				payment due: \$
revised 9/1/05				
TOTAL DUE				\$

Referee's signature: _____

Date: _____

Coach's signature: _____

Date: _____

revised 5/3/2005