

**THIS IS THE ONLY FORM LIJSL WILL ACCEPT FOR PAYMENT  
IT IS AVAILABLE ON WWW.LISRA.NET**

# LISRA ASSISTANT REFEREE PAYMENT CLAIM FORM

LONG ISLAND SOCCER REFEREES ASSOCIATION

**If we cannot read what you write, you may jeopardize timely payment**

Assistant Referee Name: \_\_\_\_\_

Assistant Referee Number: \_\_\_\_\_

Assistant Referee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please fill in your SS# on the first form  
you send in for our records. After that  
you do not need to fill it in.**

If you type the above information once you can photocopy it for future use.

## GAME INFORMATION

**Please fill out all information, missing information may jeopardize timely payment**

**HOME TEAM:**

\_\_\_\_\_ Club Name \_\_\_\_\_ Team Name

**VISITING TEAM**

\_\_\_\_\_ Club Name \_\_\_\_\_ Team Name

AGE GROUP check one  Boys  Girls  
 U15 (1993)  U16 (1992)  U17 (1991)  U18 (1990)  U19 (1989)  
Fee U15-U16 \$31 Fee U17-U19 \$36

\_\_\_\_\_ Game Date \_\_\_\_\_ Game Time **GAME TYPE:**  League  Waldbaum's

\_\_\_\_\_ Middle Referee Name \_\_\_\_\_ Middle Referee Number

\_\_\_\_\_ Assistant Referee Signature \_\_\_\_\_ Date

**Always keep a copy of your completed form for your records!**

**Form must be mailed within  
48 hours of game completion.  
1 form per game.  
Mail to: LISRA  
101 Sunnyside Blvd., Suite 555,  
Plainview, NY 11803**