

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

# 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: \_\_\_\_\_  
(You must use your legal name for IRS Reporting Purposes)

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  
 U14 (1995)  U15 (1994)  U16 (1993)  U17 (1992)  U19 (1990)  
Fee U14 \$26 U15-U16 \$33 Fee U17-U19 \$38

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

\_\_\_\_\_ Center Referee Name \_\_\_\_\_ Center 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 701-9 Koehler Avenue Ronkonkoma NY 11779