



Carolina Amateur Hockey Association  
Tournament Championship



**REFEREE & SCOREKEEPER PAYMENT FORM**  
**PLEASE WRITE LEGIBLY SO YOUR CHECK GETS TO YOU!**

DATE:	
NAME:	
ADDRESS:	
STATE/ZIP:	
PHONE:	
EMAIL:	
VENMO:	
GAME DATES:	
LOCATION:	
PAYMENT:	PLEASE NOTE IF YOU WANT PAYMENT BY VENMO OR CHECK – CIRCLE ONE VENMO? CHECK?

ROLE	# OF GAMES	RATE	AMOUNT
Referee (all ages)		X \$85	
Linesman (all ages)		X \$60	
Scorekeeper		X \$	
Trainer		X \$	
<b>TOTAL</b>			
<b>Signature of Submitter</b>			<b>Date</b>

Email Form or picture of form to Robert Engler [cahasc2@gmail.com](mailto:cahasc2@gmail.com)

Signature of Approver		Date
Check #	Amount	Notes