## **BBSC REFEREE PAYMENT VOUCHER**

Please fill out LEGIBLY and COMPLETELY to ensure prompt, proper payment. Submit voucher with game cards..

Referee's Name:															
Street / Mailing Address:															
								<u>Day</u>	<u>Date</u>	<u>Time</u>	Position (Center vs AR)	<u>Age</u>	Gender (G, B, Coed)	<u>Field</u>	Additional Information (Optional) (rescheduled, team no show, etc)
								Saturday	4/14/2009	9:00am	Center	U-07	Girls	Crestview # 2	Grass was tall. Lines were faint. Etc.
	Mailing Addre Date: ard request. F	Mailing Address:  Date: ard request. Please send me	Mailing Address:  Date: ard request. Please send me _(  Day Date Time	Mailing Address:	Mailing Address:	Mailing Address:	Mailing Address:  Date:  ard request. Please send me _()_ game cards via my payment check. Limit of 10 cards. Cards als  Position  Day  Date  Time  (Center vs AR)  Age  (G, B, Coed)  Field								

Mail or drop off completed **payment voucher and game cards** to the **BBSC office** at **16291 West 14 Mile Road**, **Suite 6**, **Beverly Hills**, **MI 48025**. **248-644-2255**Page \_\_\_\_\_\_ of \_\_\_\_ total pages submitted.