

**Victoria-Esquamalt Lacrosse Association
Referee Payment Tracking Form**



Team / Division:

Head Coach:

Team Manager:

MT: \$20 / TK: \$40 / NV: \$70 / PW: \$80 / BN: \$90 / MD: \$100

Game #:	vs.	Opponent:
Date:	Location: (Circle one) Bullen / Archie / SOFA	
Referee Name (please print)		Amount
Ref # 1:		Ref Signature
Ref # 2:		
Shot Clock:		

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Date:	Location: (Circle one) Bullen / Archie / SOFA	
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