



## LOCAL REFEREE ASSIGNOR REPORT FORM

*(Form revised on 8/20/28, subject to change at any time)*

This form is to be submitted to the NL Conference by the Local Referee Assignor for payment of Assignor Fees (\$12 per game)

### LOCAL REFEREE ASSIGNOR INFORMATION

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Please list a summary of the games that you assigned. You are required to submit a supplemental list with the following information for each game assigned: referees used (Referee and AR's), each referee's grade, email address, and contact phone number.  
 Failure to provide this information will delay payment considerably.

DATE(S)	SITE	DIVISION(S)	HOSTING TEAM	# OF GAMES	RATE	TOTAL
					@\$12/game	\$
					@\$12/game	\$
					@\$12/game	\$
					@\$12/game	\$
					@\$12/game	\$

Expense Code: 8065-02-007-502    TOTAL DUE (THIS page): \$ \_\_\_\_\_    TOTAL DUE (ALL pages): \$ \_\_\_\_\_

I certify that the above information is true and correct.    SIGNATURE: \_\_\_\_\_    Date: \_\_\_\_\_

**Please submit to:** Marc Frankland, League Manager    **E-mail:** [mfrankland@usyouthsoccer.org](mailto:mfrankland@usyouthsoccer.org)

**Please allow 4-5 weeks to process. A W-9 form on an annual calendar basis must be on file with US Youth Soccer in order to receive payment**

*For US Youth Soccer Use Only*  
 Approved by: \_\_\_\_\_    Date: \_\_\_\_\_    US Youth Soccer Approval: \_\_\_\_\_    Date: \_\_\_\_\_