

To:

RETURN ADDRESS:

AFFIX  
PROPER  
POSTAGE  
HERE



www.cysanorth.org

# California Youth Soccer Association, Inc. Game & Referee Report

GAME # \_\_\_\_\_

\_\_\_\_\_  
Name of League or Event

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Age Group/Gender: \_\_\_\_\_ Time: \_\_\_\_\_

Team	Home	Color:	Kick-Off	Visitor	Color:	Kick-Off
First Half						
Second Half						
Over-time						
PK Series						
Final Score						

**PLEASE PRINT** IF NOT LEGIBLE & COMPLETE WE ARE UNABLE TO ISSUE A PAYMENT

1. Referee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

Referee Initials	Current Grade

2. Referee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

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3. Referee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

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**\*\*REFEREE'S SOCIAL SECURITY NUMBER (SSN) MUST BE ON FILE WITH THE LEAGUE/DISTRICT/STATE TO ISSUE PAYMENT. YOU MUST PROVIDE IT TO THE LEAGUE OR DISTRICT RESPONSIBLE FOR ISSUING PAYMENT FOR THE MATCH. FOR A CYSA HOSTED EVENT. THE SSN MUST BE ON FILE WITH THE CYSA STATE OFFICE BEFORE PAYMENT CAN BE ISSUED. TO REPORT YOUR SSN, THE IRS W-9 FORM CAN BE FOUND ON THE CYSA WEB SITE (WWW.CYSANORTH.ORG).**