BRADFORD WEST GWILLIMBURY MINOR HOCKEY ASSOCIATION GAME DETAILS SHEET

Note:

Check Mileage and Rate Charts for correct payment calculations. Referees should travel together from other centers.

BRADFORD TEAM: _____

GAME # _____	DATE: _____	FORMAT: _____ (ie. 10.10.10)	TEAM PLAYED: _____	**TOTAL PAID**
REFEREE/LINESMAN	**CARD #**	**WAGE PAID**	**MILEAGE if Applicable**	**TIMEKEEPER**	**WAGE PAID**	

REFEREE/LINESMAN	CARD #	WAGE PAID	MILEAGE if Applicable	TIMEKEEPER	WAGE PAID
(Ref) _____	_____	_____	_____	_____	_____
(Ref) _____	_____	_____	_____	_____	_____
(Line) _____	_____	_____	_____	_____	_____
(Line) _____	_____	_____	_____	_____	_____

Enter total amounts paid on Summary sheet

GAME # _____	DATE: _____	FORMAT: _____ (ie. 10.10.10)	TEAM PLAYED: _____	**TOTAL PAID**

REFEREE/LINESMAN	CARD #	WAGE PAID	MILEAGE if Applicable	TIMEKEEPER	WAGE PAID
(Ref) _____	_____	_____	_____	_____	_____
(Ref) _____	_____	_____	_____	_____	_____
(Line) _____	_____	_____	_____	_____	_____
(Line) _____	_____	_____	_____	_____	_____

Enter total amounts paid on Summary sheet

GAME # _____	DATE: _____	FORMAT: _____ (ie. 10.10.10)	TEAM PLAYED: _____	**TOTAL PAID**

REFEREE/LINESMAN	CARD #	WAGE PAID	MILEAGE if Applicable	TIMEKEEPER	WAGE PAID
(Ref) _____	_____	_____	_____	_____	_____
(Ref) _____	_____	_____	_____	_____	_____
(Line) _____	_____	_____	_____	_____	_____
(Line) _____	_____	_____	_____	_____	_____

Enter total amounts paid on Summary sheet