

NEW JERSEY SOCCER ASSOCIATION
P.O. BOX 9765
TRENTON, NJ 08650
www.championsleaguesoccer.com

TRAVEL REFUND VOUCHER

This form must be completed by the Referee that has been assigned to officiate a Champions Soccer League Region 1 Division game in a state other than the one for which he is currently registered.

This Voucher must be fully filled out and signed by the Referee and must be mailed to the Champions Soccer League at the address above. Upon receipt of this Voucher, the league will refund to the Referee the promised amount.

Please PRINT or TYPE legibly

Referee Name: _____

Addr: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____

Game Date: _____

Home Team: _____ Away Team: _____

Game Location: _____

Referee Signature

Date: _____