



Club Referee Fees Check Request Form

Date: _____

GIRLS BOYS

WFSC Age: _____ and Year _____

Premier / Nike / Swoosh / Total 90 / Laser

Season

Early Season

Regular Season

League: _____

Please note the club only provides fee's for one season. If you play in both the team must pay for the ref fees independently.

Number of Games Scheduled _____

Referee Cost per Game \$ _____

Amount of check request \$ _____
(#games x Ref cost per game)

Check Payable to: _____

Send Check to Street _____

City _____

Florida,
Zip _____

THIS FORM MUST BE COMPLETED & SIGNED BEFORE A CHECK WILL BE ISSUED.

WFC HEAD COACH

TEAM MANAGER

PLEASE SEND ALL REQUESTS TO:

Weston FC
4581 Weston Road, #264
Weston FL, 33331