

2007 TASO DALLAS SCRIMMAGE FORM

----- SCHOOL DISTRICT ATTACHMENT -----

TO THE SCHOOL DISTRICT: PLEASE REMIT PAYMENT TO:

**TASO DALLAS SOCCER
C/O ART KEETON
PO BOX 116554
CARROLLTON, TX 75011**

**PLEASE DO NOT REMIT ANY PAYMENT TO THE REFEREE FOR SCRIMMAGES. ALL
PAYMENTS ARE TO BE MADE TO THE CHAPTER – NO EXCEPTIONS**

SCRIMMAGE FEES ARE AS FOLLOWS:

\$50 PER FIRST 3 HOURS WORKED

\$25 PER HOUR FOR EACH ADDITIONAL HOUR or PARTIAL HOUR WORKED

GAME DATE _____ GAME LOCATION _____

HOME _____ VISITOR _____

GENDER (circle one) **B** **G** LEVEL (circle all that apply) **V** **JV**

GAME START TIME _____ TOTAL HOURS WORKED _____

REFEREE NAME _____ SIGNATURE _____

COACH NAME _____ SIGNATURE _____

COACH: PLEASE REMIT THIS FORM TO YOUR ACCOUNTING DEPARTMENT

----- REFEREE ATTACHMENT -----

GAME DATE _____ GAME LOCATION _____

HOME _____ VISITOR _____

GENDER (circle one) **B** **G** LEVEL (circle all that apply) **V** **JV**

GAME START TIME _____ TOTAL HOURS WORKED _____

REFEREE NAME _____ SIGNATURE _____

COACH NAME _____ SIGNATURE _____

REFEREE: REMIT THIS SIGNED FORM TO:

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