

# 2010 TASO DALLAS SCRIMMAGE FORM

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

TO THE SCHOOL DISTRICT: PLEASE REMIT PAYMENT TO:  
**TASO DALLAS SOCCER**  
**P.O. BOX 863378**  
**PLANO, TX 75086-3378**

**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

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----- 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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