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| **COLUMBUS PREMIER SOCCER LEAGUE** | | | |

**REFEREE ASSESSMENT FEE REIMBURSEMENT REQUEST**

Match: vs.

(home club) (away club)

Referee Name: Date of Match:

Referee Role (check one): ⬜ Center ⬜ AR1 ⬜ AR2 Time of Match:

Assessor Name: Cooper Field #:

Assessment Fee Paid: $

Method of Reimbursement (check one):

⬜ Check by Mail

Address: City: State: Zip:

- or -

⬜ PayPal

PayPal Account Email Address or Phone Number:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| send via regular mail: | Columbus Premier Soccer League  PO Box 09866  Columbus, Ohio 43209 | - or - | send via email: | columbuspremierleague@yahoo.com |

Note: Reimbursement requests must be received by the Columbus Premier League within thirty (30) days from date of Assessment

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For CPSL Office Use Only

Date Received:

Assessor Certification Date:

Date Reimbursement Sent:

Completed by: