



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 -

Zelle

Zelle Account Email Address or Phone Number: _____

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

Notes: Reimbursements are only eligible for US Soccer upgrade or maintenance assessments. Assessed match must be at least the third CPSL match officiated by the Referee in the calendar year to be eligible for reimbursement. Reimbursement requests must be received by the Columbus Premier League within thirty (30) days from date of Assessment.

For CPSL Office Use Only

Date Received: _____

Assessor Certification Date: _____

Date Reimbursement Sent: _____

Completed by: _____