Submit Payment Records to:
STAS, Officials Development Program
1280 Cameron Street Regina, SK S4T 2T1
Email: info@SepakTakrawSask.ca
Phone/Fax: 306-584-8778

Age Division of Event: ___ Mini Kicks (7–10); ___ Youth (11–14); ___ Junior (15–18); ___ Senior (19 & up)

Name of Event: _____ **Date:** _____

Assignor: _____ **Submitted by:** _____

First & Last Name of Referee	Level (1-6)	# of Modified Youth Matches 1 STAS Ref.	# of Best of 3 Matches 1 STAS Ref.	# of Best of 3 Matches 2 STAS Refs.	Total Refereeing Pay	Travel Hotel	Food Assign	Total Overall Pay	STAS Chq #
					$			$	
					$			$	
					$			$	
					$			$	
					$			$	
					$			$	
					$			$	
					$			$	
					$			$	
					$			$	
					$			$	
					$			$	
					$			$	
					$			$	
					$			$	
					$			$	
					$			$	
				Subtotals	$	$	$	$	
								$	
				Total Payment				$	
				Invoice #:					