



Contractor Name: \_\_\_\_\_ Billed To: American Scholastic Inline Hockey Championships  
 Contractor Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_ P O Box 462084  
 \_\_\_\_\_ Aurora, CO 80046  
 \_\_\_\_\_ 720.257.3813  
 \_\_\_\_\_ 303.248.6238 FAX

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Services Provided: Referee OR Scorekeeper (circle one)

Services Provided At: Bldm CSC RMR JBS ODs Prkr (circle one)

Dates Of Services: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

| #                  | GAME TIME | GAME DATE | GAME TYPE (VAR/JV)   |
|--------------------|-----------|-----------|----------------------|
| 1                  |           |           |                      |
| 2                  |           |           |                      |
| 3                  |           |           |                      |
| 4                  |           |           |                      |
| 5                  |           |           |                      |
| 6                  |           |           |                      |
| 7                  |           |           |                      |
| 8                  |           |           |                      |
| 9                  |           |           |                      |
| 10                 |           |           |                      |
| 11                 |           |           |                      |
| 12                 |           |           |                      |
| 13                 |           |           |                      |
| 14                 |           |           |                      |
| 15                 |           |           |                      |
| 16                 |           |           |                      |
| 17                 |           |           |                      |
| 18                 |           |           |                      |
| <b>TOTAL GAMES</b> |           |           | <input type="text"/> |

| #                  | GAME TIME | GAME DATE | GAME TYPE (VAR/JV)   |
|--------------------|-----------|-----------|----------------------|
| 1                  |           |           |                      |
| 2                  |           |           |                      |
| 3                  |           |           |                      |
| 4                  |           |           |                      |
| 5                  |           |           |                      |
| 6                  |           |           |                      |
| 7                  |           |           |                      |
| 8                  |           |           |                      |
| 9                  |           |           |                      |
| 10                 |           |           |                      |
| 11                 |           |           |                      |
| 12                 |           |           |                      |
| 13                 |           |           |                      |
| 14                 |           |           |                      |
| 15                 |           |           |                      |
| 16                 |           |           |                      |
| 17                 |           |           |                      |
| 18                 |           |           |                      |
| <b>TOTAL GAMES</b> |           |           | <input type="text"/> |

Referee/Scorekeeper Signature: \_\_\_\_\_ (Must Sign To Receive Payment)

FAX THIS FORM NO LATER THAN 48 HOURS AFTER "PAY PERIOD" CHECK ONLINE SCHEDULE FOR PAY PERIOD DATES : **303.248.6238**

**ASIH USE ONLY**

League Approval: \_\_\_\_\_ (League Director Signature)

Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_ Check Date: \_\_\_\_\_