

Payment for Official/Referee/Trainer MTSU Sport Club Program

Name of Official/Referee/Trainer:	
Date(s) Worked:////	
Name of Club:	
Method of Payment: Club Check Amount Cash Amount	Other Amount
I hereby authorize the payment of the above official for services rendere	ed.
Club President or Treasurer:	Date: / /
Official/Referee/Trainer:	Date: / /