



**Athletic Official/Referee Receipt**

\_\_\_\_\_  
Date of Game/Activity

I, \_\_\_\_\_, certify that I have officiated and/or refereed today's game between Wesleyan University and their opponent. I will complete the following information below in order to receive payment for my services. The amount agreed upon is \_\_\_\_\_ dollars.

In accordance with Wesleyan University policy, payment for services rendered will be made exclusively by University check; such payment normally will be made within two weeks following the sporting event unless there has been due cause to adjust the amount of payment. In such a case, the appropriately adjusted check will be mailed to the athletic official within 20 days after the sporting event. The fee will be payable to:

Please Print:

- NAME TO APPEAR ON CHECK: \_\_\_\_\_
- MAILING ADDRESS: (Must write home address not school's address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- SOCIAL SECURITY: \_\_\_\_\_
- PHONE NUMBER: \_\_\_\_\_
- CELL NUMBER: \_\_\_\_\_
- PLEASE CHECK ONE OF THE FOLLOWING: I am a....  
 U.S Citizen    Permanent Resident    Non U.S. Citizen

Please Sign:

- SIGNATURE OF OFFICIAL \_\_\_\_\_
- I AM A WESLEYAN EMPLOYEE OR STUDENT. YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES (circle one): EMPLOYEE OR STUDENT. MY WESID NUMBER IS \_\_\_\_\_

For Student Use	
Student Group _____	Account # _____
PRINT Your Name: _____	Phone # _____
Your Signature: _____	Email: _____@wesleyan.edu