



Invoice Form
Referee Reimbursement

PLEASE PRINT

**MANHASSET
SOCCER CLUB**
P.O. Box 341
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Date: _____

Season: _____

Age Level (Please note Boys or Girls): _____

League: _____

Team Name: _____

Head Coaches Name: _____

Payable to: _____

Mailing Address: _____

Number of Games: _____

Rate per Game: _____

PLEASE E-MAIL COMPLETED FORM TO MSC TREASURER GUS KALARGIROS
AT: KALARG@HOTMAIL.COM