## PLAYOFF RECEIPTS York Region Athletic Association PLAYOFF RECEIPTS

## OFFICIALS FEES AND RECEIPT FORM – PLAYOFF GAMES

SPORT:			SCHOOL:		
DATE	VISITORS	DIVISIONS – (Mid/Jr/Sr/Varsity)	OFFICIAL'S NAME (Please Print)	AMOUNT PAID	OFFICIAL'S SIGNATURE
			1		
			2		
			1.		
			2	-	
			1	_	
			2	-	
			1	_	
			2	_	
			1	_	
			2	_	
			1	_	
			2	_	
A. The HOST school is asked to:  i)  ii)  iii)			c: (The cost of officials for PLAYOFF GAMES is shared by all the teams in the league.) pay the officials on the day of the Playoff Game have the officials sign this Playoff Receipt Form submit the original Receipt Form to the YRAA Office for reimbursement. chools will be invoiced for their share of the Playoff costs.		
September September	-	som susmitted se	and the same of the same of the same	, 011 000000	
~				Authorized Signature	