



BESA REFEREE REIMBURSEMENT REQUEST FORM

In order to request reimbursement of a referee clinic student fee, complete this form and forward it with proof of clinic fee payment to the BESA Director of Officials (email via contacts page at www.besascceer.com for more instructions).

Effective 6/15/04 BESA's referee reimbursement policy provides for reimbursement of the clinic student fee for new referees and, existing referees who upgrade (i.e., Grade 9 to Grade 8), upon proof of having worked 10 BESA games within a year of the clinic.

REFEREE CONTACT INFORMATION

Name: _____
Address: _____
City: _____ ST: _____ ZIP: _____
Phone: _____

CLINIC INFORMATION

Clinic Date(s): _____ Clinic Location: _____
Student Fee: _____ Clinic Host or Contact: _____
New Referee or Upgrade: _____

BESA GAMES WORKED

	Date	Game #	Field
Game #1	_____	_____	_____
Game #2	_____	_____	_____
Game #3	_____	_____	_____
Game #4	_____	_____	_____
Game #5	_____	_____	_____
Game #6	_____	_____	_____
Game #7	_____	_____	_____
Game #8	_____	_____	_____
Game #9	_____	_____	_____
Game #10	_____	_____	_____

VERIFICATION

I certify that this request fulfills the requirements of the BESA referee reimbursement policy. In other words, I am a new referee or, I have upgraded my referee certification, and I have worked the above BESA games within twelve months of completing the clinic.

Signed _____ Date _____

Official Use Only – Do not make any entries	
Approved by Assignor (10 games) _____	Date _____
Approved by Director of Officials _____	Date _____