



UPPER DESERT REFEREE ASSOCIATION

No-Show Claim Form



Match Date: _____ Scheduled Kick-Off Time: _____

Field: _____ League: _____

Home Team _____ Away Team _____

The following referee team make claim for fees due from the above match (only one form per game):

Referee: _____ AR 1: _____ AR 2: _____

YOUTH: (Circle One age group)

U-19/17 U-16/15 U-14/13 U-12/11 U-10/8

ADULT Men Ladies Co-ed

Reason fees were not paid on the field:

- No team showed
- This team did not show: Team Name _____
- This team did not have correct documentation (describe) _____
Incorrect Document _____
- Other _____

I certify that the above information is correct and that the fees for the match described were not received.

Referee: _____ Date: _____

Send a copy of (scan or fax) this form within three (3) days of the scheduled match to:

UPPER DESERT REFEREE ASSOCIATION

37322 Hampshire Street Palmdale CA 93550 (661) 526-6569 Kataldo@roadrunner.com