



St. Francis Xavier Catholic School System
Referee Check Request Form
(To be completed at the time of the event)

Sport: _____ Level: (Varsity, JV, Freshman, etc) _____

Position: (Center official, AR, Upper Ref, etc) _____

Number of games worked: _____

Date of event: _____

Location: Middle School High School

****to be completed by official****

Official Name: _____ WIAA # _____

Address: _____

W-9 submitted? Yes or No

***If no, a W-9 needs to be received before a check can be processed.

Signature of Official: _____ Date _____

Checks will be mailed by Friday of the week following the event

Amount of check per contract/game: \$ _____ (to be completed by AD)

Signature of Athletic Director: _____

Account #: _____

Effective Date – 10-1-2018