PLEASE COMPLETE NEATLY IN INK

Name:_____ **Phone #:**_____ **E-mail:** _____

		House / TOYSL	**U9 – U18**	Boys or Girls	**Ref:** Name of head referee.
Date	**Time**	**Type**	**Age**	**B/G**	**Referee, Mentor or A/R**

Please hand in or email your log sheet by May 28th for a June mid-season payment, June 30th for a July end of season payment. Any questions please email opsmanager@shuswapsoccer.com

Please use pay-scale sheet and this log sheet to ensure proper payment was received. *Please do not include any unpaid High School or Adult League games—this sheet is for SYSA games only.*