

REFEREE RECONCILIATION STATEMENT

t. (760) 434-5600 **w.** https://ourcitysc.com **e.** info@ourcitysc.com **a.** 2075 Corte Del Nogal, Ste. M, Carlsbad, CA 92011 City SC is a 501(c)(3) non-profit organisation



INSTRUCTIONS

- 1) Form can be filled in via computer using **Adobe Reader** (this form will not calculate values)
- 2) Submit completed form to: karen@ourcitysc.comOR drop at club office with any remaining balance.
- 3) Attach copy of your full league schedule.
- 4) **DUE DATE:** 2 weeks after your last league game is played.

TEAM NAME	
TOTAL \$ RECEIVED FROM THE CLUB	
MINUS TOTAL \$ PAID TO REFEREES	
= BALANCE	
AMOUNT OWED TO TEAM	
NAME ON TEAM CHECKING ACCOUNT	
or	
AMOUNT OWED BACK TO CLUB	
SUBMITTED BY	
DATE	
CONTACT NUMBER	