SEASON: (check one)
Indoor _____
Outdoor _____

YEAR: _____

VICTORIA SOCCER CLUB

OFFICIATING AR VERIFICATION SHEET

Date of Game	Team Receiving the Services	Names of Officiating AR's (please print names legibly, use two (2) lines if necessary)	Verified by (please print name) (must be Team Coach or Manager)	Verified by (Signature) (must be Team Coach or Manager)	Date Paid (for office use only)