2020 JUNIOR OFFICIALS' PAYMENT REPORT
Carolina Region/USAV

TRN SITE:_____ **TRN DATE:** _____

HEAD OFFICIAL:_____ **AGE Group/Realm(s):**_____

Payment to Officials is contingent on this form being filled out completely and returned to the Office.

OFFICIALS NAME Printed	RATING (Prov., Reg., Jr Nat, Nat)	TIME ARRIVED	TIME DEPARTED	ONE-WAY MILEAGE (only if drove – if carpooled leave blank)	OFFICIALS SIGNATURE (at end of day when leaving)

Verification: I certify that the above information is correct to the best of my knowledge and that all officials performed their required duties (train and monitor pool play, referee all playoff matches).

Signature:_____ **Signature:**_____
Head Official **Tournament/Site Director**

Return to: Carolina Region/USAV, P.O. Box 1757, Clemmons, NC 27012 (336.766.3501 fax)