



Lehigh University  
Department of Athletics  
641 Taylor Street  
Bethlehem, PA 18015-3187  
Tel. 610-758-3132  
Cell: 610-703-7650  
Tel: 610-758-1703  
Email: [inclbspt@lehigh.edu](mailto:inclbspt@lehigh.edu)  
[www.lehighsports.com/clubsports](http://www.lehighsports.com/clubsports)

## Club Sports Referee Form

To: Officials / Referees

Thank you for officiating. Lehigh University will mail a check to you for your services. Please complete all of the information below; we must have a valid social security number in order to pay you. Also, a Lehigh student must complete the lower section to verify the event then give this completed form to the student or mail it to the address above.

Date of Event: \_\_\_\_\_

Sport: \_\_\_\_\_ Women Men (circle one)

-----  
Official's Fees: \$ \_\_\_\_\_

Official's Name (print): \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**\*Mandatory in order to be paid\***

-----  
Approved by Lehigh Student:  Yes  No

Student's Name (print): \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

THIS FORM MUST BE DONE IN PEN ONLY. PENCIL WILL NOT BE ACCEPTED.