SOUTH SASKATCHEWAN MINOR HOCKEY LEAGUE

NOTIFICATION OF NEUTRAL REFEREE

Date of Notification:_____ **Division**_____

Game : _____ **vs** _____

Location: _____ **Game Date** _____ **Game Time**_____

Neutral referee/linesmen requested by: _____

(Payment to neutral officials must be made by the requesting team BEFORE game time)

Date neutral referee/linesmen requested :_____ **Time:**_____
Neutral referee's name :_____
Neutral referee's home town:_____ **Phone :**_____

Neutral linesmen { } **have been requested**
{ } **have not been requested**

Neutral linesman's name:_____
Neutral linesman's home town: _____ **Phone:** _____

Neutral linesman's name: _____
Neutral linesman's home town: _____**Phone:**_____

Notification faxed to: Home team:_____ **Fax #**_____
Visiting team:_____**Fax#**_____
Larry Kienas League President 1-877-819-2849

Neutral Official(s) assigned by: _____

John Lay SSMHL Referee in Chief
Cell 306-421-1331 john.lay@sasktel.net

It is the responsibility of the HOME TEAM to notify their local assignor of officials about the above assignments