**CORNWALL FOOTBALL ASSOCIATION**

**FLEXI-LEAGUE REFEREE FEES**

**Bank Name:**

**Sort-code:**

**Account Number:**

**Referee Name:**

**Venue:**

**Fixture(s):**

**Date:**

Please complete the details above and return to:

[corinne.winkworth@cornwallfa.com](mailto:corinne.winkworth@cornwallfa.com)

**FOR INTERNAL USE**

Match fee: £25 / £40

Authorised for payment by: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passed to RP for payment: / /