



**NCR RATING TEAM
PAY SHEET**

Rater Information:

First Name _____ Middle Initial _____ Last Name _____

Address _____
Street City State Zip

E-mail _____ Cell Phone _____

Home Phone _____ Work Phone _____

Rating Site Information: Mileage: _____ Total Miles _____

Rating Location (site) _____ (City) _____

Rating Date: _____

Number of Matches Observed _____ REQUIRED!

What time did the Rating Sessions start? __ What time did the Rating Sessions end? _____

Comments _____

Signature of Officials mentored _____ REQUIRED!

Signature of Site Director _____ REQUIRED!

Ratings Pay Structure: (office use only)
Base Pay _____
\$14 per hour plus mileage @ 50¢ per mile = _____

Office Only: Date Paid _____ Initials _____ Total Pay _____

Please complete EXAM A and this Form and submit to cara@ncrusav.org or fax to 763-515-3852. If mailing: NCR, Attn: Cara Lang, Box 91, Dayton, MN 55327. If they aren't completed and submitted 30 days from the date of the Ratings THERE WILL BE NO PAY.