



DLVSC Payment Request Form

DATE to charge the

Event: _____ **player's Account:** _____

TEAM NAME: _____ COACH: _____

MANAGER: _____ PHONE: _____ EMAIL: _____

	PLAYER NAME	Amount to be Charged	(office use) Paid
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

Amount to be charged on each account: \$ _____ X _____ = \$ _____

Total Check Mailed to: _____
(Address) _____

Payment Due Date: _____

Total Fees Collected: \$ _____ - \$ _____ **payment** = \$ _____ **to team account**