



DLVSC Payment Request Form

DATE to charge the

Event: _____ player's Account _____

TEAM Name: _____ Coach: _____

Manager: _____ Phone: _____ Email: _____

	Players Name	Amount charged to each player	Notes or Special Instructions	(office use) posted paid
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

Registration Deadline: _____

Total to Collect: _____

Payment Must be received by: _____

You must register for this event. The Office will register and pay only when a cc is necessary.

Address: _____

_____ **Office to register with credit card.**

Phone #: _____

To collect: \$ _____ - payment \$ _____ = to team account: _____

Other information: _____