

**DLVSC Payment Request Form**

Manager has Verified that every parent on the team has been notified of this charge.

**DATE** to charge the

**Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** player’s Account \_\_\_\_\_\_\_\_\_\_\_\_\_

EVENT Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TEAM Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Players Name | Amount charged to each player | Notes or  Special Instructions | (office use)  posted paid |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
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| 22. 18. |  |  |  |  |
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| 27. |  |  |  |  |

**Registration Deadline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total to Collect: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Must be received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

When a credit card is necessary, Send Check To:

Address and Phone

You must register for this event. The Office

will reimburse after payment has been collected.

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

Other information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_