

Competitive Reconciliation Form

PLEASE PRINT

Team Name _____
 Head Coaches' Name _____
 Head Coaches' Phone # _____

Age Group: Under - _____
 Gender: Girls or Boys
 (Circle One)

***Personal checks & money orders only - NO CASH ACCEPTED. (All checks are processed through CheckNet)

***Each check needs to have the team name, age group and gender on it.

***Form must be filled out completely - Incomplete paperwork will not be accepted.

***Each player MUST include a check or money order.

	Returning Players (Last, First)	Phone #	M.O. or Ck #	Amount	Name on Check
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
	<u>New players (Last, First)</u>				
21					
22					
23					
24					
25					
26					
27					
28					
Total amount enclosed:					
	Coaches' Name (Last, First)	Phone #	M.O. or Ck #	Amount	Name on Check
1					
2					
3					
Total amount collected:					
Grand total:					

Head Coaches' Signature _____

Date _____

Returned checks are processed with CheckNet and may be re-deposited electronically. The amount to be withdrawn from your account will include the face amount of your check, plus the maximum service fee allowed by State law and applicable sales tax.

REGISTRATION FEES WILL NOT BE REFUNDED