

TOURNAMENT / LEAGUE CHECK REQUEST FORM

Payee: _____

Address: _____

Team/Coach: _____

Check Amount:

Prepared By:

\$ _____ Travel Baseball

\$ _____ Travel Softball

\$ _____ Travel Basketball

\$ _____ Travel Soccer

\$ _____ Competitive Baseball

\$ _____ Competitive Basketball

Tournament/League Name: _____

Tournament Date: _____

Information To Be Sent with Check: _____

G/L Account Number#:

Authorized By:

President *Dr. L. Gentile*

Treasurer *R.Dorn*

Team Chicago *D Lovercheck*

Travel Baseball *R. Janor*

Travel Basketball *D.Ward*

Travel Softball *M. Pasqualini*

Competitive Basketball *D.Ward*

Comp Baseball *R. Vine*