



Everyone Plays – Balanced Teams – Open Registration – Positive Coaching – Good Sportsmanship – Player Development

EXTRA / SELECT – TOURNAMENT CHECK REQUEST FORM

All advance check requests require this form to be completed, signed, approved and submitted to the Treasurer. Only Coaches may request an advance.

1. Complete all the information on this form.
2. Obtain approval signature from the Director of Competitive Play.
3. Submit this signed request to the Regional Treasurer for verification of funds in your team account. A check will be issued/mailed once funds are verified.

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Extra Select Boys Girls U-19 U-16 U-14 U-12 U-10 Team #: _____

NOTE: You must coordinate pick up of the check as soon as you are notified that it is ready.

Check Made Payable to: _____

Address: _____ City: _____

Phone: _____

This request is for a: AYSO Tournament Non-AYSO Tournament

Event Name: _____ City: _____

Section/Area/Region: _____ Date(s) Held: _____

ACCOUNT #	DESCRIPTION	AMOUNT
5239	Tournament Fee	
5222	Referee Deposit	
CHECK TOTAL		\$

If there is a Referee Deposit, will you be fulfilling your Referee Commitment? Yes No

Requested by: _____ Date: _____
Coach Signature

Approved by: _____
Director of Competitive Play

Should you have any questions, or need assistance please contact the Regional Treasurer

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REGIONAL TREASURER USE ONLY			
Team Funds Available? <input type="checkbox"/> Yes <input type="checkbox"/> No - if No, return this request to the Coach			
Date Form Rec'd:	Check #:	Amount: \$	Date Check Issued:
Date Refund Issued:	Check #:	Amount: \$	Date Refund Rec'd:
Notes:			

Treasurer: Attach a copy of the signed check to this form for record keeping.