



**CHECK REQUEST**

(Must be completed and handed for a check to be issued)

**AMOUNT:**

**DATE DUE:**

**MAILING ADDRESS:**

**PAYABLE TO:**

**Purpose of check (Please check one):**

\_\_\_\_\_ **Tournament Name →** \_\_\_\_\_

**Team Name :** \_\_\_\_\_

**Date of Tournament:** \_\_\_\_\_

*(Attach copy of tournament Registration if Available)*

\_\_\_\_\_ **Gate Fee    # of Players**        \_\_\_\_\_

*Cost Per Player*        \_\_\_\_\_

\_\_\_\_\_ **Expense Reimbursement→Receipts Must Be Attached AND  
Business Purpose Must Be Provided Below.**

\_\_\_\_\_ **Other (Provide Explanation Below)**

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**Signature:** \_\_\_\_\_

**Date:**

**Print Name:** \_\_\_\_\_

**Title:**

Please send to Justin Harriman, 1102 Olympic Dr Cloquet, Mn 55720. [cloquethockey@hotmail.com](mailto:cloquethockey@hotmail.com) Fax (218)879-5400 or Leave in my mail box