



**Osseo Maple Grove Hockey Association  
Check Request**

Amount: \$ \_\_\_\_\_ . \_\_\_\_\_      Date Due: \_\_\_\_\_

Payable To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ Tournament Fee → Team Name \_\_\_\_\_  
(e.g., OMG Squirt B Gold)

**\*\* ATTACH A COPY OF TOURNAMENT REGISTRATION \*\***

\_\_\_\_\_ Expense Reimbursement

**\*\* RECEPITS MUST BE ATTACHED AND BUSINESS PURPOSE PROVIDED BELOW \*\***

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please send to OMGHA Assistant Treasurer: Jason Price - 10935 Cattail Path, Osseo MN 55369  
[AsstTreasurer2@OMGHA.com](mailto:AsstTreasurer2@OMGHA.com)