Kawartha Lakes Soccer Club
Team/League Collection Summary
Team/League Name: _____

Date: _____
(MM/DD/YY)

			Enter Allocation of Amount Paid						Enter Total Amount Paid					
Player Name	**Payee / Parents' Names**	**Phone #**	**Registr. Fees $**	**Discount**	**Uniform $**	**Other $**	**Description of Other/Discount (eg. Tryout fees, sponsorship, etc.)**	**Total Amount Received**	**DEBIT**	**VISA**	**M/C**	**Chq Amount $**	**Chq #**	**Cash Amount $**
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		TOTAL	**-**	**-**	**-**	**-**		**-**	**-**	**-**	**-**	**-**		**-**

Team Representative Name (please type/print) _____

Team Representative Signature _____

Club Administrator/League Representative Name (please type/print) _____

Club Administrator/League Representative Signature: _____

Club Treasurer Name (please type/print) _____

Club Treasurer Signature: _____