

Clinton Comets Youth Hockey Association, Inc.
Tournament Payment Request

Date:

Head Coach:

Team:

Requestor:

Phone:

Email:

Tournament Name:

Tournament Dates:

Tournament Contact:

Phone:

Amount Requested:

Tournament Payment Due Date:

Payable to:

Address:

City:

State:

Zip:

NOTE: Decisions to participate in tournaments are at the discretion of the individual teams. Entry fees, accommodations, and travel expenses will be the sole responsibility of the participating team members. The players that have committed to attend divide the cost of the tournament related fees evenly. All tournament fees, must be processed through CCYHA, Inc. CCYHA, Inc. will not process or forward any payment unless the requesting team has provided the full amount of the payment at the time of the request.

CCYHA, Inc. Use Only:

Date Received:	Received Members PMT's:
Date Paid:	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, list participants
Paid by CC <input type="checkbox"/> Paid by Check <input type="checkbox"/>	who have not paid.
Check #:	

**Please review CCYHA's financial policies for further information.*