



CHECK REQUEST FOR TOURNAMENT REGISTRATION
{FOR BOARD MEMBERS/LEVEL DIRECTORS/COACHES/MANAGERS}

SAHA TEAM YOU REGISTERED FOR TOURNAMENT _____

NAME OF PERSON REQUESTING CHECK _____

PHONE NUMBER _____

EMAIL ADDRESS _____

TOURNAMENT LOCATION _____

TOURNAMENT DATES _____

WHO SHOULD CHECK BE PAYABLE TO? _____

AMOUNT NEEDED FOR REGISTRATION _____

SIGNATURE _____ DATE _____

*Checks for tournament registration will not be issued without this completed form. Please turn completed forms in to the main office mail slot, and allow at least 2 weeks for issue of check upon approval. Checks will not be mailed out, but will be put in team mailboxes when ready.

FOR OFFICE USE

Date request received _____

Date check cut _____

Check number _____