

Aitkin Youth Baseball

Youth Baseball: Request for Payment

Submitter: _____

Date: _____

Payee:

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____

Date	Team/Event	Description of Service	Hours	Rate: Hourly or Flat	Mileage	Total Due

Payment:

Check #

Cash

Date Paid _____

By _____

Notes / Comments:
