

## TOURNAMENT / LEAGUE CHECK REQUEST FORM

Payee: \_\_\_\_\_

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

Team/Coach: \_\_\_\_\_

Check Amount:

Prepared By:

\$ \_\_\_\_\_ Travel Baseball

\$ \_\_\_\_\_ Travel Softball

\$ \_\_\_\_\_ Travel Basketball

\$ \_\_\_\_\_ Travel Soccer

\$ \_\_\_\_\_ Competitive Baseball

\$ \_\_\_\_\_ Competitive Basketball

Tournament/League Name: \_\_\_\_\_

Tournament Date: \_\_\_\_\_

Information To Be Sent with Check: \_\_\_\_\_

G/L Account Number#: \_\_\_\_\_

Authorized By:

\_\_\_\_\_  
President *Dr. L. Gentile*

\_\_\_\_\_  
Treasurer *R. Dorn*

\_\_\_\_\_  
Team Chicago *M. Suggitt/Dorn*

\_\_\_\_\_  
Travel Baseball *R. Janor*

\_\_\_\_\_  
Travel Basketball *D. Ward*

\_\_\_\_\_  
Travel Softball *C. Dunn*

\_\_\_\_\_  
Competitive Basketball *D. Ward*

\_\_\_\_\_  
Comp Baseball *R. Vine*