



TOURNAMENT CHECK REQUEST

DATE: _____

COACHES NAME: _____

TEAM NUMBER: _____

PAYEE: _____

TOURNAMENT FEE: _____

REFEREE DEPOSIT: _____

SPECIAL INSTRUCTIONS: _____

**DROP THIS COMPLETED FORM OFF TO 22651 BALTAR MV.
WITH CHECKS ATTACHED. A REGIONAL CHECK WILL BE READY IN 48
HOURS FOR PICKUP.**