

#WeAreOne



REP TEAM - CHEQUE REQUISITION FORM

Team: _____ Date: _____

Manager Name: _____ 2nd Official Name _____

Email: _____ Phone: _____

Cheque Amount: \$ _____ Payable to _____

Reason for Cheque: _____

Does the Cheque need to be mailed: YES NO

If Yes, please provide the mailing address

Address: _____ City: _____

Prov: _____ Postal Code: _____

All cheques will be ready within 2 weeks of submitting the Cheque Requisition Form. The Team Manager will be notified via email when the cheque is ready for pick up or when it has been mailed to the above address.

Managers Signature

2nd Team Official Signature

Office Use Only

Cheque #: _____ Cheque Amount : _____ Cheque Date: _____

Team Balance Going Forward: \$ _____

Authorized by: _____

"Play. Learn. Develop"

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