



**SOUTH BAY F.O.R. JUNIOR SPORTS ASSOCIATION
PAYMENT REQUEST FORM**

LEAGUE or TOURNAMENT PAYMENT

Date: _____ Using Subsidy: Yes No

Parent Rep: _____ League/Tourn. Fee: \$ _____

Team: _____ Amount of check: \$ _____

Grade/Boys or Girls: _____ Check # _____

Indicate which league: CBO JAO SBY

Indicate which tournament: WLA VFW Tigers Jets/Jetts Wanjettes Megalopolis
 Hollywood Dodgers Pasadena Bruins San Jose Ninjas
 San Jose Zebras Sacramento Barons SASF East Bay Rising Suns
 BCSFYAO Taisho/Ardenettes Sacramento Rebels Foster City
 Bay Area Asians Sports (BAAS) San Francisco Associates/Ardenettes
 Other:

SUBSIDY USAGE FOR UNIFORMS/EQUIPMENT

Date: _____ Subsidy Amount: \$ _____

Parent Rep: _____ Item Amount: \$ _____

Team: _____ Balance due to F.O.R.: \$ _____

Grade/Boys or Girls: _____ Check # _____
(if balance due)

Description of Item: _____

Amount: \$ _____ Mail check: yes no

Payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

Note: submit the invoice for the items to be purchased to the Division Treasurer. F.O.R. will issue a check payable to the vendor. Do NOT pay in advance

FOR TREASURER USE ONLY:

Division Treasurer Approval: _____ Executive Treasurer Approval: _____

Date: _____ Amount: _____