



**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: \_\_\_\_\_