

# 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. Briesath*

\_\_\_\_\_  
**Team Chicago** *H. Fortune*

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

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

\_\_\_\_\_  
**Travel Softball** *B. Chval*

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

\_\_\_\_\_  
**Competitive Baseball** *J. Wicklund*