

Check Payment Form

Date: _____

First / Last Name: _____

Team (circle one): U12 U14 U16 U18

Coach: _____

<u>Dues:</u>	<u>Deadlines:</u>	<u>Amount</u>	<u>Check #</u>
Payment 1	03/15/10	\$ _____	_____
Sweatshirt (opt'l)	03/15/10	\$ _____	_____
Socks (opt'l)	03/15/10	\$ _____	_____
Parent T-shirt (opt'l)	03/15/10	\$ _____	_____
Payment 2	04/12/10	\$ _____	_____
Payment 3		\$ _____	_____
Nationals	05/17/10	\$ _____	_____
* Donation	TBD	\$ _____	_____
		=====	=====
	Total	\$ 	

Checks are payable to: Starlings Volleyball Club.

** In lieu of fundraisers, UC Starlings will be collecting donations (details to follow). Starlings tax ID # 33-0749769.*

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