NSC / SUPER RINK - MN WILD ADULT LEAGUE - PAY VOUCHER

MONTH:

Check will be received by the 3rd Friday of the following month.

DAY & DATE	# OF GAMES	GAME START TIMES	PARTNER NAME If N/A, mark SOLO	ARENA (BE SPECIFIC)

Required Information: ***Please fill in ALL information completely and accurately!***

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE #:

SOCIAL SECURITY #: (required for ID)

SIGNATURE:

OFFICE USE ONLY:	
Total # of games	
Rate Per Game	
Amount Due	
League Dir. / Initials	