RECONCILIATION - MEMBERS & TEAM FEES - 2019 SEASON

NO PAYMENT WILL BE ACCEPTED OR RECEIPTED BY C.S.S.A. UNLESS THIS RECONCILIATION FORM IS COMPLETED CORRECTLY

M:			GRADE:		
MEMBERS NAME (Coach, Scorer & Manager to be included)	SQI FEE DUE 6.4.19	CSSA FEE DUE 6.4.19	PERMIT FEE DUE 6.4.19	C.S.S.A. RECEIPT NO. C.S.S.A. OFFICE USE ONLY	DATE
oach Scorer Manager:					
oach Scorer Manager:					
Coach Scorer Manager:					

TEAM FEES	DUE DATE	AMOUNT	C.S.S.A. RECEIPT NO. C.S.S.A OFFICE USE ONLY	DATE
TEAM NOMINATION	6.4.19			
½ GAME FEES	1.6.19			
1/2 GAME FEES	22.6.19			

C.S.S.A OFFIC	CE USE ONLY:						
DATE	RECEIPT NO.	AMOUNT	Cash Cheque EFT Deposit	DATE	RECEIPT NO.	AMOUNT	Cash Cheque EFT Deposit