

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

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GRADE:[illegible]

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			
½ GAME FEES	22.6.19			

C.S.S.A OFFICE USE ONLY:

[illegible]