RECONCILIATION - MEMBERS & TEAM FEES - 2020 COVID SEASON

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

TEAM: **GRADE:**

MEMBERS NAME (Coach, Scorer & Manager to be included) SURNAME CHRISTIAN NAME	SQI FEE	CSSA FEE	PERMIT FEE	C.S.S.A. RECEIPT NO. C.S.S.A. OFFICE USE ONLY	DATE
Coach|Scorer|Manager:					
Coach|Scorer|Manager:					
Coach|Scorer|Manager:					

TEAM FEES	AMOUNT	C.S.S.A. RECEIPT NO. C.S.S.A OFFICE USE ONLY	DATE
TEAM NOMINATION			
GAME FEES			

C.S.S.A OFFICE USE ONLY:

DATE	RECEIPT NO.	AMOUNT	EFT Deposit	DATE	RECEIPT NO.	AMOUNT	EFT Deposit