RECONCILIATION - MEMBERS & TEAM FEES - 2021 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** DUE 10.04.21	**CSSA FEE** DUE 10.04.21	**PERMIT FEE** DUE 10.04.21	**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	**DUE DATE**	**AMOUNT**	**C.S.S.A. RECEIPT NO.** C.S.S.A OFFICE USE ONLY	**DATE**
TEAM NOMINATION	10.04.21			
½ GAME FEES	05.06.21			
½ GAME FEES	26.06.21			

C.S.S.A OFFICE USE ONLY:

DATE	RECEIPT NO.	AMOUNT	Cash | Cheque | EFT Deposit	DATE	RECEIPT NO.	AMOUNT	Cash | Cheque | EFT Deposit