

Central California ASA - Individual Payment Record

Name of Tournament: _____ City: _____ Age Groups: _____

Trny Dates: _____ Person Receiving Advance: _____ Amount: \$ _____

	Name (PRINT NEATLY)	# of Games	x Game Rate	= Total Paid	Date Paid	Signature for payment received
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Grand Total Paid Out: _____ Total \$ Amount to be returned (if any): _____

Remarks: _____
