

WASHINGTON SCHOOLGIRLS LACROSSE ASSOCIATION

2044 217 PI. NE
Sammamish, WA 98074
425-836-8821 (h)

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INVOICE FOR LEAGUE DUES – 2008

DUE MARCH 7th, 2008

ORGANIZATION: _____

Name: _____ Phone: _____

Address: _____

City/State: _____

Email Address: _____

TEAMS: ____ Varsity A, ____ Varsity B, ____ JV, ____ Youth 7/8, ____ Y 5/6

[Indicate 2, or more, where applicable.]

TOTAL NUMBER OF TEAMS: _____

Times Scheduler Fee \$10 per team

A. SUBTOTAL AMOUNT DUE _____

TOTAL NUMBER OF PLAYERS (All Teams) _____

(Include Roster for each team separately w/ **Name, School, Grade & Address.**)

Times Players Dues \$5 per player

B. SUBTOTAL AMOUNT DUE _____

TOTAL AMOUNT DUE (A+B) _____

PLEASE MAKE CHECK OUT TO: WSLA

MAIL TO: Jessanne Allen 2044 217th PI NE, Sammamish, WA 98074

Paid _____ **Date:** _____ **Check#:** _____