

WASHINGTON SCHOOLGIRLS LACROSSE ASSOCIATION

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

Rallen252@comcast.net

INVOICE FOR LEAGUE DUES – 2009
DUE MARCH 13th, 2009

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 \$15 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 \$6 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#: _____