

WASHINGTON SCHOOLGIRLS LACROSSE ASSOCIATION

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

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INVOICE FOR OFFICIAL'S FEES – 2009 DUE MARCH 13th, 2009

ALL GAMES WILL BE FORFEITED UNTIL OFFICIAL'S FEES ARE PAID

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.]

Please Adjust number of games and dollars, if applicable

Varsity A	@ \$62 per game times <u>14</u> games =	<u>\$868.00</u>
Varsity B	@ \$62 per game times <u>15</u> games =	<u>\$930.00</u>
JV	@ \$62 per game times <u>12</u> games =	<u>\$744.00</u>
	<small>Max Number of MS games – 10 - \$430.00</small>	
Youth 7/8	@ \$43 per game times <u>10</u> games =	<u>\$430.00</u>
Addnl 7/8	@ \$43 per game times <u>10</u> games =	<u>\$430.00</u>
	<small>Max Number of Youth games – 10 - \$300</small>	
Youth 5/6	@ \$30 per game times <u>10</u> games =	<u>\$300.00</u>
Addnl 5/6	@ \$30 per game times <u>10</u> games =	<u>\$300.00</u>

TOTAL AMOUNT DUE _____

Travel fees will be paid by the league – Do NOT include in the Total Amount.

TOTAL No. of TEAMS: _____ **times Travel Fee @ \$30/team** \$ _____

PLEASE MAKE CHECK OUT TO: WSLA
MAIL TO: Jessanne Allen 2044 217th PI NE, Sammamish, WA 98074

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