



COLUMBIA RAVENS Basketball

Columbia Ravens Check Request Form

Completely fill out then email to Maureen.RavensBball@gmail.com at least 14 days before event date. You will receive an email when check is mailed or ready for pick up.

DATE of REQUEST: ___/___/___ DATE NEEDED (or of event): ___/___/___

GENDER (circle one): BOYS GIRLS TEAM (grade/birth year): _____

COACH: _____ PHONE#: _____

1. Amount of Check: \$ _____

NOTE: checks will NOT be signed without monies in team account to cover the amount.

2. Purpose:

___ League/Tournament Fees (Name: _____)

___ Refund (Reason: _____)

___ Reimbursement (Attach receipts)
(Explain expenditure: _____)

___ Other (Explain): _____

3. Pay To: _____

Mailing Address: _____

_____ ZIP _____

Administrative Use Only:

1. Check written by: _____
2. Date of delivery to requester: _____
3. Team Balance after transaction: _____