



Pickering Soccer Club Inc.
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Web Site: www.pickeringsoccer.on.ca

COMPETITIVE TEAM CHEQUE REQUEST

Date: _____

Payable to: _____

Team Bank Account Name: _____

Requested by: _____

Team Coach: _____

Reason: _____

Breakdown	Amount

TEAM SIGNING OFFICER:

Signed by: _____ **Total:**

Print Name _____

Approved By: _____ Date: _____

Receipts Attached? Y / N

Date Cheque Written _____ Cheque # _____

Signed – entered into computer _____