



ALLIANCE YOUTH SPORTS
CHECK REQUEST FORM

Fax: (480) 857-3590

Date: _____ Club Name: _____

Check Request Information:

Payable to: _____

Amount: \$ _____ Account Balance Request

Reason for Check: _____

Mail Check to: _____

Other mailing instructions: _____

CLUB APPROVAL:

Club Treasurer: _____ Club Leader: _____

All check request forms must be signed by the Club Treasurer and Club Leader.

All deposits received by end of business day Friday will be processed by Tuesday of the following week. Funds must be available in team account.

LEAGUE USE ONLY	
Date Received: _____	Received By: _____
Date Processed: _____	Processed By: _____
Check # : _____	