

**CENTRAL MARYLAND ATTITUDE
CHECK REQUEST FORM**

TEAM (age/birth year): _____

COACH: (name and phone #) _____

1. Amount of Check: \$ _____

2. Check Made Out To: _____

Address: _____

3. Purpose:

_____ Tournament Fees
(Name of Tournament: _____)

_____ Refund

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

_____ Other (Explain): _____

Administrative Use Only:

1. *Check written by:* _____

2. *Date of delivery to requester:* _____

3. *Team Balance after transaction:* _____