

Invoice Form

**MANHASSET**

**SOCCER CLUB**

**P.O. Box 341**

**Manhasset, NY 11030**

manhassetsoccer.com

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\*\*\*PLEASE PRINT\*\*\*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Season: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Age Level (Please note Boys or Girls): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 League: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Head Coaches Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of Games: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rate per Game: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE E-MAIL COMPLETED FORM TO MSC TREASURER GUS KALARGIROS

AT: KALARG@HOTMAIL.COM