

MANHATTAN SOCCER CLUB



Check Request Form (to submit via email or mail)

TEAM _____

AMOUNT _____

Please make a check out to:

Name and address

Please print clearly or type

The check is for (check one AND **include supporting documents**):

- Reimbursement for team expenses (Please enclose receipts)
- Tournament Fee (Include documentation)
- Field space or Gym space (Include documentation or invoice)
- Trainer Fees (Include invoice)
- Other (Include description and documentation)

If you want anything included with your check (copy of invoice, tournament registration, etc.), please include it with this form and indicate any special instructions here:

YOUR NAME:

DATE

Your Email Address: _____

Email to: mbfcpa@gmail.com **OR (NOT BOTH)**

Mail to: **Marc Freedman, Treasurer, Manhattan Soccer Club
603 West 111 St., #6E, New York, NY 10025**