



**Las Vegas Sports Academy**  
 4630 W Post Road, Suite 100  
 Las Vegas, Nevada 89118  
 Phone: 702-878-3644 Fax: 702-878-1571

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

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

**Activity/Event Name:** \_\_\_\_\_

Player Name	Amount Paid	Payment Type
<b>Total Amount Collected:</b>		

**Check Payable To:**

**Payment Due Date:** \_\_\_\_\_

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

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

Check Amount Requested:  
 \$ \_\_\_\_\_

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

To Be Mailed \_\_\_\_\_

Description: _____ _____ _____ _____ _____ Amount of any overages to be left in Team Account \$ _____
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<p><b>For Office Use Only</b></p> Check#: _____ Deposit <input type="checkbox"/> Final Payment <input type="checkbox"/> Process Date: _____
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Originator: \_\_\_\_\_

Approval: \_\_\_\_\_