

F C YORK COACHES VOUCHER

TEAM NAME: _____ AGE GROUP: _____

COACHING FEE FOR MONTH OF: _____

TOTAL PLAYERS _____ @ _____ = _____

REDUCED FEES _____ @ _____ = _____

COACHING FEE DUE: COACH 1 _____ COACH 2 _____

COACHES NAME (1): _____

COACHES NAME (2): _____

I have received no Coaching fees for the month of: _____

Signature: _____

Voucher and payment must be received for payment to be made

Send to: David Stewart 2718 Heather Drive York, PA 17402