

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, ST, zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

		School Ball		Summer Rec		Fall Rec
A	<b>Vouchered Game Fees</b>					
B	Paid on Field Game Fees					
C	<b>Gross Game Fees (lines A + B)</b>					
D	MBUA Assessment (14% of line C)					
E	MBUA Annual Dues		\$45.00			
F	MPSSAA Insurance		\$27.00			
G	Fines					
H						
I						
J						
K	<b>Total Deductions (lines D thru J)</b>					
L	Travel					
M	Screening Fees					
N						
O						
P						
Q	<b>Total Other Compensation (lines L thru P)</b>					
R	Vouchered Game Fees (line A)					
S	Total Deductions (line K)					
T	Total Other Compensation (line Q)					
U	<b>Net Compensation (+R -S +T)</b>					
	<b>Date Paid</b>					
	<b>Check Number</b>					