Region 187
Moreno Valley, CA

Everyone Plays – Balanced Teams – Open Registration – Positive Coaching – Good Sportsmanship

TOURNAMENT CHECK REQUEST FORM

Instructions:
1. Complete this request and submit to Select Coordinator for approval and signature.
2. Submit this signed request to the Regional Treasurer for verification of funds in your team account. A check will be issued/mailed once funds are verified.

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☐ Boys ☐ Girls ☐ U-19 ☐ U-16 ☐ U-14 ☐ U-12 ☐ U-10 Team #: _____

Coach: _____

Team Representative: _____

This request is for a: ☐ AYSO Tournament ☐ Non-AYSO Tournament

Event Name: _____ City: _____

Section/Area/Region: _____ Date(s) Held: _____

ACCOUNT #	DESCRIPTION	AMOUNT
5239	Tournament Fee	
5222	Referee Deposit	
	CHECK TOTAL	**$**

If there is a Referee Deposit, will you be fulfilling your Referee Commitment? ☐ Yes ☐ No

NOTE: All referee deposit refund checks MUST be made payable to "AYSO Region 187".

☐ Hold Check for Pick-up ☐ Mail Check to Payee

Check Made Payable to: _____

Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____

Approved by: _____ _____
Select Coordinator Date

Should you have any questions, or need assistance please contact the Regional Treasurer

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REGIONAL TREASURER USE ONLY			
Team Funds Available?	☐ Yes ☐ No - if No, return this request to the Select Coordinator		
Date Form Rec'd:	Check #:	Amount: $	Date Check Issued:
Date Refund Issued:	Check #:	Amount: $	Date Refund Rec'd:
Notes:			

Treasurer: Attach a copy of the signed check to this form for record keeping.