#### Burlington County Scholastic League Pay Voucher

#### ATHLETIC TRAINING FOOTBALL B SOCCER G SOCCER FIELD HOCKEY CROSS COUNTRY VOLLEYBALL TENNIS

#### B BASKETBALL G BASKETBALL WRESTLING SWIMMING BASEBALL SOFTBALL TRACK G LACROSSE B LACROSSE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | DATE: | OPPONENT: | FEE/HOURS: | | |
| NAME: | |
| ADDRESS: | |
| |  |  |  | | --- | --- | --- | | CITY: | STATE: | ZIP: | | Same Address  New Address | | | | |
| SOCIAL SECURITY NUMBER: | |
| SIGNATURE: | |
| CHECK NUMBER: | DATE MAILED: |
|  | |

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| SOCIAL SECURITY NUMBER: |
| SIGNATURE: |

|  |  |
| --- | --- |
| CHECK NUMBER: | DATE MAILED: |
|  | |
| League President Signature: | |

#### “I hereby certify that I am not an employee of the Burlington County Scholastic League, that I am an independent contractor, that no funds will be withheld from monies due me for any purpose, and that I am not dependant on the BCSL for any payments or benefits not specified in this payment voucher. Once completed, please forward the voucher to the Burlington County Scholastic League Treasurer.”