#### 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

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| DATE:  | OPPONENT:  | FEE/HOURS: |

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| NAME:  |
| ADDRESS: |
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| CITY: | STATE: | ZIP: |
| [ ]  Same Address [ ]  New Address |

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| SOCIAL SECURITY NUMBER:  |
| SIGNATURE:  |
| CHECK NUMBER: | DATE MAILED: |
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#### [ ]  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

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#### [ ]  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

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| DATE:  | OPPONENT:  | FEE/HOURS: | FEE:  |

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| CITY: | STATE: | ZIP: |
| [ ]  Same Address [ ]  New Address |

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| SOCIAL SECURITY NUMBER:  |
| SIGNATURE:  |

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| CHECK NUMBER: | DATE MAILED: |
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| 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.”