



WOODSTOCK SOCCER CLUB

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TEAM REQUEST FORM

TEAM (age, name, division) _____

Name _____

Position _____

Phone Number _____

Email _____

Request For:

Cheque Payable to: _____

Amount: _____

Signature _____ Date _____

Please ensure the above request is accurate; also attach any other information (invoices, receipts)with this form.

Office Use Only

Signature _____ Cheque #: _____

System

Team Account