



# COLUMBIA RAVENS Basketball

## Columbia Ravens Check Request Form

Completely fill out then **email** to [tameka.ravensbball@gmail.com](mailto:tameka.ravensbball@gmail.com) at least **14 days** before event date. You will receive an email when check is mailed or ready for pick up.

DATE of REQUEST: \_\_/\_\_/\_\_      DATE NEEDED (or of event): \_\_/\_\_/\_\_

GENDER: \_\_\_\_\_ COACH (grade/birth year): \_\_\_\_\_

REQUESTOR: \_\_\_\_\_ PHONE#: \_\_\_\_\_

1. Amount of Check: \$ \_\_\_\_\_

*NOTE: checks will NOT be signed without monies in team account to cover the amount.*

2. Purpose:

\_\_\_ League/Tournament Fees (Name: \_\_\_\_\_)

List other Teams attending: \_\_\_\_\_

\_\_\_ Refund (Reason: \_\_\_\_\_)

\_\_\_ Reimbursement (Attach receipts)

(Explain expenditure: \_\_\_\_\_)

\_\_\_ Other (Explain): \_\_\_\_\_

3. Pay To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

4. If ONLY CC is valid as payment type (not desired):

URL: \_\_\_\_\_

USER ID: \_\_\_\_\_

PASSWORD: \_\_\_\_\_

OTHER NEEDED INFORMATION: \_\_\_\_\_

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**Administrative Use Only:**

1. Check written by: \_\_\_\_\_

2. Date of delivery to requester: \_\_\_\_\_

3. Team Balance after transaction: \_\_\_\_\_