



BURFORD & DISTRICT MINOR HOCKEY ASSOCIATION

**Cheque Request**

**Purpose:** \_\_\_\_\_

**Date Requested:** \_\_\_\_\_

**Requested By:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Payee:** \_\_\_\_\_

**Address Details:** \_\_\_\_\_

**(if cheque to be mailed)** \_\_\_\_\_

**Date Required:** \_\_\_\_\_

**Estimated Repayment Date:** \_\_\_\_\_

**(if applicable)**

**Approved:** \_\_\_\_\_

**(BDMHA executive)**

**Date Issued:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

**Treasurer's Signature:** \_\_\_\_\_

**NOTE: FOR TOURNAMENT FEES ETC. WHICH WILL BE PAID BACK; PARTIAL PAYMENTS WILL NOT BE ACCEPTED. IT IS THE RESPONSIBILITY OF THE TEAM OFFICIALS THAT THE ENTIRE REPAYMENT IS PROVIDED BY THE DATE SHOWN ABOVE. A SUMMARY SHEET IS PROVIDED ON THE BACK TO RECORD REPAYMENT AND THIS FORM MUST ACCOMPANY THE REPAYMENT.**

**THANK YOU.... BDMHA TREASURER**

**CATCH THE FEVER**

