



Unique Purchase Form

For Office Use Only

For payment of League Memberships, Facility Rentals, or Instructional Seminars

Sport Club: _____ Date: _____ Completed By: _____

Complete all information for chosen category

Allocated

Foundation

League Membership Payment

Name of Organization: _____	Phone # _____
Address: _____	Fax # _____
_____	Email: _____
Organization FEID # _____	
Inclusive Dates of Membership: _____	Amount Due: \$ _____

Facility Rental

Facility Name: _____	Phone # _____
Address: _____	Fax # _____
_____	Website: _____
Facility FEID #: _____	Email: _____
Contact Person: _____	Amount Due: \$ _____

Instructional Seminars

Payee's Name: _____	Phone # _____
Address: _____	Fax # _____
_____	SS# or Tax ID#: _____
Date(s) of Service: _____	Email: _____
Services Rendered: _____	
	Amount Due: \$ _____

Officer Name

Signature

Date

Officer Name

Signature

Date