



For Office Use Only

## Unique Purchase Form

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