

San Diego CIF PAY VOUCHER

Name _____

Address _____

City, State, Zip _____

Phone # _____

Social Security # _____ - _____ - _____

Signature _____

Date _____ Sport _____ B G

Home team _____

Visiting team _____

JV **Varsity**

(circle one, or both if doubleheader)

Amount due \$ _____

San Diego CIF PAY VOUCHER

Name _____

Address _____

City, State, Zip _____

Phone # _____

Social Security # _____ - _____ - _____

Signature _____

Date _____ Sport _____ B G

Home team _____

Visiting team _____

JV **Varsity**

(circle one, or both if doubleheader)

Amount due \$ _____