

Regina Ringette Association Voucher Submission Form

Team Name* : _____

* as it should appear on cheque

Date: _____

Submitted By: _____

Email Address: _____ **E-transfer:** _____

(If for a team, should be the team treasurer or alternate)

(Indicate yes or no)

Mailing Address: _____

Postal Code: _____ **Phone #:** _____

	First Name	Last Name	Voucher Type	Voucher #	Value
Example 1	John (player's name)	Doe	Fantasyland	00345	\$ 60.00
Example 2	Jane (player's name)	Doe	Bring a Friend	00155	\$ 100.00
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
TOTAL					\$ -

Retain a copy for your records; credits will not be itemized on cheque.

PLEASE SUBMIT A COPY OF VOUCHERS - NO PAYMENT WILL BE ISSUED WITHOUT VOUCHERS!

Mail to: treasurer@reginaringette.sk.ca

Regina Ringette Association

PO BOX 3082

Regina, SK S4P 3G7

Paid on:
RRA Cheque#