

**WASHBURN AMATEUR HOCKEY ASSOCIATION
CHECK REQUEST**

RETURN COMPLETED FORM TO:
Ellen Lawless
4105 Garfield Avenue South
Minneapolis, MN 55409
612-823-7235

CHECK AMOUNT: \$ _____ . _____

CHECK PAYABLE TO:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

PAYMENT PURPOSE: _____

BILL TO (account and team, if account unknown describe):

DATE REQUIRED: _____

DATE REQUESTED: _____

RETURN CHECK TO REQUESTER

MAIL CHECK TO PAYEE

REQUESTED BY:

Print Name: _____

Signature: _____ Date: _____

AUTHORIZED BY:

Print Name: _____

Signature: _____ Date: _____

Original to Treasurer, copy to Requester