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**TOFC Check Request Form**

Please complete and email this form to: tofctreasurer@ayso9.org

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| --- | --- |
| **Date Requested:** |  |
| **Date Check Required:** |  |
| **TOFC Team:** (ex. U15GX or U12BC) |  |
| **Reason for Request:** (tournament, reimbursement, etc.) |  |
| **Check Payable to Name:** (Pot of Gold, Joe Smith, AYSO 9, etc.) |  |
| **Check Payable Address:** |  |
| **Amount Requested:** |  |
| **How Would You Like** **to Pick Up the Check?:** |  |
| **Comments:** |  |
|  |  |

All check requests require the following:

1. Minimum of 72 hours notice
2. Sufficient funds in the team account to cover the amount of the check
3. All information completed