

Futura FC Team Payment Form

Team Name: _____

Age Group: U_____

For the Month of: _____

Coaching Fee per Month: \$ _____

Total Amount Enclosed: \$ _____

Adjustments: (please explain all adjustments made to regular monthly fee amount) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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Futura F.C. Accountant Use Only Date team check received: Check number:

	PLAYER NAME	AMT PD
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
15		\$
16		\$
17		\$
18		\$
19		\$
20		\$

Checks must be received by the Futura F.C. on or before the fifth of each month.

Make check payable to: FFC

Mail completed form and check to:

Futura F.C.
 Attn. Honka Zlitni
 6014 NW Highway 9
 Kansas City Mo 64152