



Las Vegas Sports Academy

7660 W. Cheyenne Ave. Ste. 101

Las Vegas, Nevada 89129

Phone: (702) 878-3644

Team Name: _____

Date: _____

Activity/Event Name: _____

Player Name	Amount Paid	Payment Type
Total Amount Collected:		

Check Payable To: _____

Payment Due Date: _____

Name: _____

Address: _____

Check Amount Requested:

\$ _____

Team Name: _____

To Be Mailed _____

Description: _____

Amount of any overages to be left in Team Account \$ _____

For Office Use Only
Check#: _____
Deposit <input type="checkbox"/>
Final Payment <input type="checkbox"/>
Process Date: _____

Originator: _____

Approval: _____