



2016.2017 NCVA Payment Form
Tournament Director / Clinician / Registrar

Name: _____
(If you have received a check previously this year, then only print your name in this section.)

Address: _____

City/State/ZIP: _____ SSN: _____

Phone: Home () _____ Work () _____

Saturday (_____date)

Sunday (_____date)

Site: _____

Site: _____

Division: Adults Girls Boys

Division: Adults Girls Boys

Tournament Director \$150.00

Tournament Director \$150.00

Clinician / Rater \$75.00

Clinician / Rater \$75.00

NCVA Registrar \$20.00

NCVA Registrar \$20.00

Total: _____

Total: _____