



2017.2018 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 ( ) \_\_\_\_\_

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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: \_\_\_\_\_