



## PAYMENT VOUCHER

### High School Teams

*July 21 - July 29, 2019*

Player Name: \_\_\_\_\_ Age Group: U \_\_\_\_\_

Player Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_

Number of People Going on the Trip: \_\_\_\_\_

Please make check payable to **Montco Select** and mail to:  
*Montco Select, 1230 Stanwood Street, Philadelphia PA 19111*