

# Championships/Regional Pay Sheet

You must complete entirely – If fields are left blank, payment will be delayed

Location \_\_\_\_\_ Date \_\_\_\_\_

Gym Rental Rate: \_\_\_\_\_ Check Addressed to \_\_\_\_\_

Gym Rental Address \_\_\_\_\_

## Onsite Tournament Director

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Base Rate \$150

RT Miles \_\_\_\_\_ \$

OT (\$10 per 30 minutes) \$

Total \_\_\_\_\_

### Ref 1

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Base Rate \$150

RT Miles \_\_\_\_\_ \$

OT (\$10 per 30 minutes) \$

Total \_\_\_\_\_

### Ref 2

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Base Rate \$150

RT Miles \_\_\_\_\_ \$

OT (\$10 per 30 minutes) \$

Total \_\_\_\_\_

### Ref 3

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Base Rate \$150

RT Miles \_\_\_\_\_ \$

OT (\$10 per 30 minutes) \$

Total \_\_\_\_\_

### Ref 4

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Base Rate \$150

RT Miles \_\_\_\_\_ \$

OT (\$10 per 30 minutes) \$

Total \_\_\_\_\_

### Ref 5

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Base Rate \$150

RT Miles \_\_\_\_\_ \$

OT (\$10 per 30 minutes) \$

Total \_\_\_\_\_

**FAX TO: Jonah Mytro 617.507.7872**