



Cloverdale Minor Baseball

Revenue Submission Form

Name: _____

Date: _____

Address: _____

Email: _____

Phone: _____

Description	Amount
Total	

Quantity		Amount
	Cheques	
	x \$100	
	x \$50	
	x \$20	
	x \$10	
	x \$5	
	x \$2	
	x \$1	
	x 25¢	
	x 10¢	
	x 5¢	
	x 1¢	
	Total	

**SUBMIT TO TREASURER OR MAIL TO:
 Cloverdale Minor Baseball Association
 Box 34163 – 17790 #10 Highway
 Surrey BC V3S 8C4**