



# Cloverdale Minor Baseball

## Umpire Payment Record

Name: \_\_\_\_\_ Season: \_\_\_\_\_

Address: \_\_\_\_\_ Division: \_\_\_\_\_

\_\_\_\_\_ Team: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Game Date	Plate			Base			Reimburse Amount
	Cheque	Cash	Ref#	Cheque	Cash	Ref#	
<b>Reimbursement Total</b>							

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