



# BLAINE YOUTH HOCKEY ASSOCIATION

9250 LINCOLN STREET NE | BLAINE MN 55434 | BYHA.ORG

## Tournament Payment Request Form

Please fill out this form in its entirety and submit to BYHA Treasurer at [Treasurer@byha.org](mailto:Treasurer@byha.org) for processing and payment. Include receipt or proof of registration. Copy of receipt will be sent with payment. Submit form electronically via email, scans via email or hard copy delivered to Treasurer. No photos please.

Team Name:	_____	Program:	_____		
Tournament Name:	_____	Dates:	_____		
Tournament Contact:	_____	Phone:	_____		
Payment Amount:	_____	Entry Fee:	_____	Gate Fee:	_____
Payable to:	_____				
Mailing Address:	_____				
City, State, Zip:	_____				
Notes:	<div style="border: 1px solid black; height: 50px;"></div>				
Requestor Name:	_____	Phone:	_____		
Requestor Email:	_____	Request Date:	_____		

### BYHA Internal Processing Only

Authorized by:	_____	Completed by:	_____		
Ref # or Check #:	_____	Payment Date:	_____		
Notes:	<div style="border: 1px solid black; height: 50px;"></div>				