SCOREKEEPER / TIMER GAME FEE SHEET

Keep the "SCOREKEEPER" copy for your records and mail remainder to:

Cary Basketball Association
Attention: Scorekeeper Scheduler
PO Box 119
Cary, IL 60013

Name: _____ (please print clearly)

Address: _____

City, State, Zip: _____ Phone: _____

Date	Time	Location	Level	Partner	Signature of Coach / Director

Reconcile:

Please use another form to continue with games if necessary

# Games	Level	Rate	Total
	5-6		
	7-8		
	9-12		
	TOTALS		

For CBA use only:

Date Rec'd: _____

Approvals:

Dir of Scorekeeper Schedule: _____

Treasurer: _____

Check Number: _____ Date Paid: