



CAROLINA ELITE SOCCER ACADEMY

2020-2021 CESA Tri-County Club Fee: U7 - U12 Center of Excellence Team Invoice
DUE - 5th OF EACH MONTH (\$54.00 AUGUST THRU FEBRUARY & \$47.00 MARCH)

Mail to: CESA
18 Boland Court
Greenville, South Carolina 29615

Team Name & Coach: _____

Treasurer's Name: _____

Treasurer's Telephone Number: _____

Treasurer's Email Address: _____

MONTH OF: _____

	AMOUNT
Total # Players Rostered on Team:	x \$54.00 \$
*Less # Paid in Full Players:	- x \$54.00 - \$
**Less # Scholarship Players:	- x \$54.00 - \$
***Less # Players with Extended Injuries/Illnesses:	- x \$54.00 - \$
****Less # Players Who Did Not Pay Monthly Club Fee:	- x \$54.00 - \$
*****Less # Players with Other Reasons:	- x \$54.00 - \$

CHECK AMOUNT ENCLOSED: **\$**

***List Players Paid in Full:**

****List Players with Scholarships:**

*****List Players with Extended Injuries/Illnesses:**

******List Players Who Did Not Pay Monthly Club Fee:**

*******List Players with Other Reasons:**

