



CAROLINA ELITE SOCCER ACADEMY

2021 Fall CESA Club Fee: U15 - U19/20 ECNL Team Invoice
DUE - 5th OF EACH MONTH (\$340.00 AUGUST THRU OCTOBER)

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 \$340.00 \$
*Less # Paid in Full Players:	- x \$340.00 - \$
**Less # Scholarship Players:	- x \$340.00 - \$
***Less # Players with Extended Injuries/Illnesses:	- x \$340.00 - \$
****Less # Players Who Did Not Pay Monthly Club Fee:	- x \$340.00 - \$
*****Less # Players with Other Reasons:	- x 340.00 - \$
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:

