



# CAROLINA ELITE SOCCER ACADEMY

## 2020-2021 CESA Club Fee: U12 Pre-ECNL Travel Team Invoice

**DUE - 5th OF EACH MONTH (\$150.00 AUGUST THRU FEBRUARY & \$145.00 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:** \_\_\_\_\_

	<b>AMOUNT</b>
<b>Total # Players Rostered on Team:</b>	_____ <b>x \$150.00 \$</b>
<b>*Less # Paid in Full Players:</b>	_____ <b>- x \$150.00 - \$</b>
<b>**Less # Scholarship Players:</b>	_____ <b>- x \$150.00 - \$</b>
<b>***Less # Players with Extended Injuries/Illnesses:</b>	_____ <b>- x \$150.00 - \$</b>
<b>****Less # Players Who Did Not Pay Monthly Club Fee:</b>	_____ <b>- x \$150.00 - \$</b>
<b>*****Less # Players with Other Reasons:</b>	_____ <b>- x \$150.00 - \$</b>

**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:**  
\_\_\_\_\_  
\_\_\_\_\_