



# CAROLINA ELITE SOCCER ACADEMY

**2020 Fall CESA Club Fee: U15 - U19/20 Select Team Invoice (Train 2x Week)**  
**DUE - 5th OF EACH MONTH (\$125.00 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:** \_\_\_\_\_

	<b>AMOUNT</b>
Total # Players Rostered on Team:	_____ x \$125.00 \$
*Less # Paid in Full Players:	- x \$125.00 - \$
**Less # Scholarship Players:	- x \$125.00 - \$
***Less # Players with Extended Injuries/Illnesses:	- x \$125.00 - \$
****Less # Players Who Did Not Pay Monthly Club Fee:	- x \$125.00 - \$
*****Less # Players with Other Reasons:	- x \$125.00 - \$

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