



CAROLINA ELITE SOCCER ACADEMY

2020 Fall CESA Club Fee: U15 - U19/20 Select Team Invoice (Train 3x Week)
DUE - 5th OF EACH MONTH (\$200.00 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 \$200.00 \$
*Less # Paid in Full Players:	_____ - x \$200.00 - \$
**Less # Scholarship Players:	_____ - x \$200.00 - \$
***Less # Players with Extended Injuries/Illnesses:	_____ - x \$200.00 - \$
****Less # Players Who Did Not Pay Monthly Club Fee:	_____ - x \$200.00 - \$
*****Less # Players with Other Reasons:	_____ - x \$200.00 - \$

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:**

