



# Check Request

**Instructions:** Please fill out this form completely and attach any receipts. Print this form and return with receipts to San Marcos Revolution c/o CFO/Revolution Treasurer @ PO Box 2016, San Marcos CA 92079 or email form and scanned receipts to: [cfo@smys.org](mailto:cfo@smys.org)

Coach Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Receipt Attached?:    Yes        No

Recipient:  Coach/Manager     Tournament

Event Description:

Tournament or Reimbursement Name: \_\_\_\_\_

Tournament Deadline: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Amount \$:**

Coach or Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Use of Revolution Treasurer**

Approved?:  Yes     No        Reason for Disapproval: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Gender**  
 Boys         Girls

**Birth Year**  
 2001     2002     2003  
 2004     2005     2006  
 2007     2008     2009  
 2010     2011     2012  
 2013     2014

**Level**  
 Green     White     Elite