

CBA SCOREKEEPER PAY SHEET

Make a copy for your records prior to submitting for payment



Cary Basketball Association (CBA)
 P O Box 119, Cary, IL 60013
 Scan/Email to cbafinance@yahoo.com

REC
 Grades 5-12

Name: _____ (please print clearly)

Address: _____

Phone: _____

City, State, Zip: _____

Email: _____

Date	Time	Location	Level	Partner	Signature of Coach / Director

Reconcile (total each form separately):

Please use another form to continue with games if necessary

# Games	Grade	Rate	Total
	5 - 6	\$10	
	7 - 8	\$13	
	9 - 12	\$14	

For CBA use only:

Date Received: _____ Approvals: _____
 Director of Scorekeeper Scheduling: _____
 Treasurer: _____
 Check Number: _____ Date Paid: _____

TOTALS