



Pay Sheet Form

Team Name _____ Team # _____

Captain's Name _____

Host Location _____

League Operator - Debbi & Jim Worcester
303-862-0466

Wk Pd Annual Fees	APA #	Player Name	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10	Wk 11	Wk 12	Wk 13	Wk 14	Wk 15	Wk 16
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
Total Amt.																		

This form is for the Captains use to keep track of who played each week, who paid each week and how much. This is for your use to keep track of any delinquencies. This form will stay in your packet all session. This is not a form used by the APA office.