PACE Bootlegger
Payment Report

Team: _____ Date: _____

Parent Rep:_____

Players Name	Check #/Cash	Amount

Mail check and form to: Laurie Wood
28 Mill Street
Spencerport, N.Y. 14559-1210

PACE Bootlegger
Payment Report

Team: _____

Date: _____

Parent Rep:_____

MISC.

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