

**San Diego CIF  
PAY VOUCHER – 20**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Sport \_\_\_\_\_ B G

Home team \_\_\_\_\_

Visiting team \_\_\_\_\_

**JV      Varsity**

(circle one, or both if doubleheader)

Amount due \$ \_\_\_\_\_

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