

FSU.  **Campus Recreation**
SPORT CLUBS Unique Purchase Form

For Office Use Only
Received By: _____

For payment of League Memberships, Facility Rentals, or Instructional Seminars

Sport Club: Baseball Date: 8/1/2010 Completed By: Cameron Swoboda

Complete all information for chosen category

League Membership Payment

Name of Organization: <u>Tallahassee Adult Rec. Baseball League</u>	Phone # <u>850-123-4567</u>
Address: <u>7123 Wooded George Road</u>	Fax # <u>850-123-4568</u>
<u>Tallahassee, FL 32312</u>	Email: <u>baseball@tallahassee.com</u>
Organization FEID # <u>12-3456789</u>	
Inclusive Dates of Membership: <u>8/1/10 through 7/31/11</u>	Amount Due: \$ <u>400</u>

Facility Rental

Facility Name: _____	Phone # _____
Address: _____	Fax # _____
_____	Website: _____
Facility FEID #: _____	Email: _____
Contact Person: _____	Amount Due: \$ _____

Instructional Seminars

Payee's Name: _____	Phone # _____
Address: _____	Fax # _____
_____	SS# or Tax ID#: _____
Date(s) of Service: _____	Email: _____
Services Rendered: _____	Amount Due: \$ _____

Cameron Swoboda Officer Name	_____ Signature	_____ Date
Peter Fitzgerald Officer Name	_____ Signature	_____ Date