

**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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