2026 PSI Check Payment

Pacesetter Soccer Club
Attn: Emily Glick
6616 Monroe Street
Sylvania, Ohio, 43560

Club Name: _____
Contact Name: _____
Contact Email:_____
Contact Phone Number:_____

List of Teams for Payment:

2018-2016 $750 (7v7)
2015-2014 $850 (9v9)
2013-2010 $950 (11v11)

Team Name/ Age	Entry Fee Amount
Total Payment	

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Office Use Only:
Date Received: _____

Check Number: _____Check Amount: _____

Staff Initials: ___

*Scan **2026 PSI Check Payment** to Emily Glick pacesetterglick@gmail.com once office have completed above section*