



# 2024 PSI Check Payment



Pacesetter Soccer Club  
Attn: Emily Glick  
5400 West Central Ave  
Toledo, Ohio, 43615

Club Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

## List of Teams for Payment:

*2016-2014 \$700; 2012-2013 \$800; 2011-2009 \$850*

Team Name/ Age	Entry Fee Amount
<b>Total Payment</b>	

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### Office Use Only:

Date Received: \_\_\_\_\_

Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Staff Initials: \_\_\_\_



# 2024 PSI Check Payment



Scan **2024 PSI Check Payment** to Emily Glick [pacesetterglick@gmail.com](mailto:pacesetterglick@gmail.com) once office have completed above section