

*** PAYOUT FOR COOP DUTY ***

DATE OF SCHEDULED COOP:	TIME:
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if applicable...RAINOUT RESCHEDULED DATE:	TIME:
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PLAYER NAME:

TEAM NAME:

PARENT/GUARDIAN NAME:

TELEPHONE #:

SIGNATURE:

TODAY'S DATE:

**** Request must be made with a minimum of 10 days advanced notice!***

\$25.00

FEE PAID

ADDITIONAL DONATION TO THE SCHOLARSHIP FUND

ADDITIONAL TIP TO WORKER COVERING THIS SHIFT

TOTAL AMOUNT ENCLOSED

CHECK PAYABLE TO: "Bay State Girls Softball" or "BSGS"

FOR CONCESSION MANAGER:

COOP MANAGER INITIAL:

NAME OF REPLACEMENT:

AMOUNT PAID TO REPLACEMENT:

AMOUNT PAID INTO SCHOARSHIP FUND: