Financial Deficiency Form

Contact Person: _____ Date: _____

Team owed monies: _____

Player(s) name: _____

Parents name(s): _____

Amount owed: _____

Reason for expenditure: _____

List below all parties and amounts that had to be collected to clear the above named player's deficiency.

Name	Amount owed
Use back of page if necessary	Over:

Note: FMHA will not consider the aforementioned player, as a member in good standing, until the treasurer of FMHA signs off of this debt. This debt can no longer be satisfied privately. You must turn over to the treasurer a sealed, labeled envelope with the exact change for every name in the above chart.

Treasurer: _____ _____

Print Signature

Date: _____