

ST. GILES UNITED SOCCER CLUB

Training Fees
Due by 5th of month

Team Name _____

Treasurer's Name _____

Treasurer's Telephone Number _____

Treasurer's email address _____

Training fees for the month of _____

of players rostered _____ X training fee per player _____

less # of players on scholarship _____ X fee _____

less # of players excluded for other reasons

(extended injury or illness)** _____ X fee _____

Check amount enclosed _____

**Give player's name and nature of injury or illness
