



AAU JUMP ROPE TOURNAMENT CAPITATION FEE REPORT / INVOICE

TOURNAMENT NAME: _____

HOST TEAM NAME: _____

TOURNAMENT DIRECTORS NAME: _____

TEAM ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # _____ E-mail _____

address _____

LIST PARTICIPATING TEAM NAMES

1	9
2	10
3	11
4	12
5	13
6	14
7	15
8	16

The AAU Capitation Fee is \$5.00 per competitor participating in a qualifying tournament.

Number of Competitors: _____ x \$5.00 each = _____

Misc. Fees owed (CD's, etc...)..... _____

TOTAL AMOUNT DUE: _____

Completed form and payment are due within 2 weeks of tournament date.

Please make check payable to **AAU Jump Rope** and mail to:
Lee Purser, AAU Jump Rope Treasurer, 210 Kings Castle Drive, Apex, NC 27502

Please also email copy of this form to Cindy Bork at borkcindy91@gmail.com