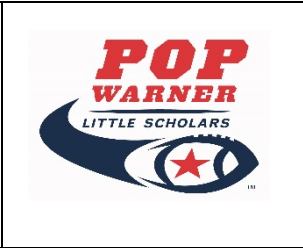




**2018 SPARKS POP WARNER  
CHECK REQUEST**  
**P.O BOX 3377 SPARKS NV 89432**  
**Email: elderkinnancy@gmail.com**  
**Phone: 775.343-2647**



DATE: \_\_\_\_\_

TEAM: \_\_\_\_\_ DIVISION: \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

REASON: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**Submitted by:** *(Print Name)* \_\_\_\_\_

**Received by:** \_\_\_\_\_

CHECK # \_\_\_\_\_ AMOUNT: \_\_\_\_\_

Comments: \_\_\_\_\_

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