

WPSL LOCAL ASSIGNOR'S PAYSHEET

PLEASE COMPLETE ALL INFORMATION LEGIBLY AND ACCURATELY

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email (optional): _____

Payment via www.PayPal.com (e-mail required for this option): YES NO

Period: _____ To: _____

DATE OF GAME: _____ TEAMS: _____

DATE OF GAME: _____ TEAMS: _____

DATE OF GAME: _____ TEAMS: _____

DATE OF GAME: _____ TEAMS: _____

DATE OF GAME: _____ TEAMS: _____

DATE OF GAME: _____ TEAMS: _____

DATE OF GAME: _____ TEAMS: _____

DATE OF GAME: _____ TEAMS: _____

DATE OF GAME: _____ TEAMS: _____

DATE OF GAME: _____ TEAMS: _____

DATE OF GAME: _____ TEAMS: _____

TOTAL NUMBER GAMES ASSIGNED FOR THIS PERIOD: _____