

Drop Sheet

Player Last Name: _____ **Player Last Name:** _____

Team: _____ **Phone Number:** _____

Check Payable To: _____

Address to send check to: _____

Equipment Turned In: _____ **Date:** _____

Raffle Tickets Turned In: _____ **Date:** _____

Equipment Manager Approval: _____

Secretary Approval: _____

Treasurer Approval: _____

**** Complete fields highlighted in Yellow ****