

## Payment Voucher

Home School: \_\_\_\_\_ Visiting School: \_\_\_\_\_

Date: \_\_\_\_\_

Starter Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_

Social Sec #: \_\_\_\_\_--\_\_\_\_--\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_--\_\_\_\_\_

Number of Races: \_\_\_\_\_ Total Fee: \_\_\_\_\_

District Employee? **YES**\_\_\_ **NO**\_\_\_

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