

Pool SUBSTITUTE Players Sanction Payment Form

Sanction fee is applied after 3 nights of play.

Name: _____

Date: _____

League: _____

Phone Number: _____

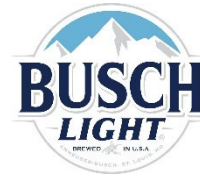
Amount: \$ _____

Check Number: _____

Name on Check: _____

G/L # 22364-0

For payment to be accepted it must come to D&R Star **directly**. You may either drop it off at the office or mail it to **2207 7th St NW Rochester, MN 55901**



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