

**National Blades Payment Statement 2010-11**

Skater Name: \_\_\_\_\_

Expenses:

Dues for month(s) of \_\_\_\_\_

15% Late Fee (if paid after 1st day of month) \_\_\_\_\_

Other Expenses, Please itemize below:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Sub-Total \_\_\_\_\_

Please apply this amount from my personal fundraiser account: \_\_\_\_\_

Additional expenses not covered by fundraisers, please itemize: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Grand Total Submitted Ck# \_\_\_\_\_

Payments cannot be accepted without this itemized statement  
Make Checks Payable to National Blades. Mail with this form  
to Anna Hofmeister 4410 Ashgrove Dr. Montclair VA 22026

Fill in, detach and keep this portion for your records.

Date \_\_\_\_\_ Expenses paid: \_\_\_\_\_

Ck# \_\_\_\_\_ Amount \$ \_\_\_\_\_ \$ used from Fundraisers \_\_\_ \$ \_\_\_\_\_

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