

HBC

P O Box 1332, Melville, NY 11747

TRAVEL TEAM DONATION RELEASE REQUEST

TRAVEL TEAM NAME: _____ (print)

TRAVEL TEAM COACH: _____ (print)

COACH'S SIGNATURE: _____ (print)

CIRCLE SEASON REQUESTED: **Spring/Fall** YEAR: _____

CHECK MADE PAYABLE TO: _____ (print)

HBC CHECK DATE: _____ HBC OFFICE USE

HBC CHECK NUMBER: _____ HBC OFFICE USE

MAIL TO: HBC
ATTN: RAY FERRANTI
P O BOX 1332
Melville, NY 11747

MAILED CHECK TO:

_____ (print)

NAME
ADDRESS
ADDRESS