



MERCER COUNTY TOURNAMENT ASSOCIATION

Trainer

VOUCHER

Please Print!

Name: _____

Address: _____

Number of hours worked: _____ @ \$45.00 per hour = \$ _____

Paid from gate receipts: _____

To be paid by MCTA check: _____

Tournament/Event: _____

Game(s): _____

Date(s): _____

Signatures:

(Trainer)

(Tournament Director)