

**NISKAYUNA SOCCER CLUB**  
**TRAINER PAYMENT FORM**  
**2007/2008**

Trainer Name: \_\_\_\_\_

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

Trainer Phone Number: \_\_\_\_\_

Trainer E-Mail: \_\_\_\_\_

Team Trained: \_\_\_\_\_

Date of Training: \_\_\_\_\_

Length of Training: \_\_\_\_\_

Location of Training: \_\_\_\_\_

*Trainer Signature:* \_\_\_\_\_

*Coach Signature:* \_\_\_\_\_

*Training Coordinator*  
*Signature:* \_\_\_\_\_

Club Treasurer Signature: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Please mail completed form to: Alex Finn  
4008 Windsor Drive  
Niskayuna , NY 12309