

CYSA GAMES COMPLETED

Week Ending _____

Name _____

Program _____

Rate: \$25.00 per game

Date	Game Division	# Games	Indicate Patch or Non-Patch Certification	Rate
Sun ___/___/___				
Mon ___/___/___				
Tues ___/___/___				
Wed ___/___/___				
Thurs ___/___/___				
Fri ___/___/___				
Sat ___/___/___				
TOTAL				

Please sign your name below

.....
Your Signature Here Date

.....
Approval Signature Date

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