

SEATTLE METRO SOFTBALL UMPIRES ASSOCIATION
DRAW REQUEST

NAME: _____ PHONE: _____

ADDRESS: _____

Dollar amount requested (may not exceed 75% of the total of games worked, less any previous draws taken and equipment charged to account):

\$ _____ or maximum amount? _____

E-mail your draw request or mail request directly to:

Pam Schneider
3222911th Ave. SW
Federal Way, WA 98023
(253) 874-8510

PLEASE REVIEW THE DRAW POLICY. THE TREASURERS ARE BOUND TO THE POLICY BY THE EXECUTIVE BOARD AND ARE NOT AUTHORIZED TO MAKE ANY EXCEPTIONS. DRAWS ARE PROCESSED ON THE 1ST AND 3RD THURSDAY OF EVERY MONTH. PLEASE PLAN AHEAD! SUBMIT YOUR DRAW REQUEST IN ADVANCE OF YOUR NEED. IF YOU ANTICIPATE NEEDING MORE THAN ONE DRAW DURING THE SEASON, PLEASE MAKE ADDITIONAL COPIES OF THIS FORM.

RECEIVED: _____ APPROVED: _____

PAID: _____