

**OHIO YOUTH SOCCER ASSOCIATION NORTH**  
**OYSAN OFFICIAL FORM**



**Mail form to:**  
 OYSAN • 3554 Brecksville Rd., Ste #100 • Richfield, OH 44286

**COACHES REQUEST FOR PAYMENT**

The following expenditure was made on behalf of the Ohio Youth Soccer Association–North. By making this request and signing below, I certify that the expenditure was made for the benefit of OYSAN programs and participants.

**Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **License:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Payment Rates: “A” License:** \$50 (per hour). **“B” License:** \$40. **“C” License:** \$30. **Other:** \$25.  
**Regional Camp Rates: “A” License:** \$125 per day. **“B” License:** \$115 per day. **“C” License** or other: \$105 per day.

**Please Note, The Fiscal Year-Ends On August 31. No Payment Requests Will Be Honored After That Time.**

**Olympic Development Program:** Age Group: \_\_\_\_\_ Boys / Girls

Date: \_\_\_\_\_ Location: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Location: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Location: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Center of Excellence:**

Date: \_\_\_\_\_ Location: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Location: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Location: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Coaching School:**

Date: \_\_\_\_\_ Location: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Location: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Location: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Summer Camp (Non ODP):**

Date: \_\_\_\_\_ Location: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Location: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Location: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Tom Turner)

All payment requests must be sent to Tom Turner.

Date received: \_\_\_\_\_ Date paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_