

## Illinois Fusion Remittance

To ensure your payment is properly applied to your child's account, please include the following form with each payment.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Check Number:** \_\_\_\_\_

**Installment Number:** \_\_\_\_ of \_\_\_\_\_

Players Name	Team	Amount
		\$
		\$
		\$
		\$

Please mail to:

Illinois Fusion  
705 E. Lincoln St. Suite 113  
Normal, IL 61761