

**Cal-North Soccer
League Billing Information
for Capital Live Scan**

Today's Date: _____ 4 Digit District-League #__ __-__ __

League Name for Billing _____

All invoices will be e-mailed to both the President and the Treasurer of the League:

President's Name: _____

President's Email: _____

President's Phone: (_____)_____

Treasurer's Name: _____

Treasurer's Email: _____

Treasurer's Phone: (_____)_____

League Mailing Address:

Street _____

City _____ Zip Code _____

All invoices will either contain or have as an attachment the names of all the individuals fingerprinted. The invoice WILL NOT indicate whether they have received an OK TO COACH from CalNorth. The \$18 charges will be broken down by the \$8 live-scan fee and \$7 CORI fee.

In the case of a dispute, simply cross through the disputed name(s) and send in the undisputed amount along with the invoice showing the disputed name(s). All invoices are due 14 days from the email send date.

By signing below I agree to the above billing terms:

President: _____

Treasurer: _____

Note: With 128 leagues to bill and then process the payments, we would very much appreciate your prompt attention to our invoices and will do everything to make them as accurate as possible.

Please return this form to: soccer@capitalivescan.com or fax it to: 916.663.9290