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**Mentor Payment Summary Form**

**Mentor Name: Address: ­ ­ Postal Code: Email: Phone #:**

**Keep cheque for Pick up □ or Mail cheque □**

**Location: MW SOCCER OFFICE**

#**84, 4003 – 98 Street**

**Edmonton, AB T6E 6M8**

**ed.mwsa@millwoodssoccer.ca**

***Date & Time Start time Finish time Location Total hours & rate***

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***Payment forms are due to Mill Woods Soccer Office by the 3rd Friday of the month.***

***Cheques will be available 7 business days after payment form due dates. Payment forms received after the due date will be processed for the next months’ pay.***