



## Spirit United Soccer Club Compensation Form

Please Print Clearly

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

**COMPLETED and SIGNED 2010 W-9 Form office file: YES or NO  
2010 W-9 Form **MUST BE COMPLETED and SIGNED** before payment can be  
issued.**

Date(s) of Work: \_\_\_\_\_

Session Name: \_\_\_\_\_

Time Worked: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
\_\_\_\_\_

Signature of Person to be compensated: \_\_\_\_\_

Print Name: \_\_\_\_\_

Approved by: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Office Use Only:** Paid Check #: \_\_\_\_\_ Amount: \_\_\_\_\_