



INVOICE

Western New York Premier

"Development to the highest standards"

INVOICE # _____
DATE: JUNE 22, 2009

P.O. Box 464
Churchville NY 14428
Phone: 585-356-1568
byoung@cccsd.org

TO: Name _____
Address _____
Phone _____ - _____ - _____

Payment due after July 15th will be \$220.00.

SALES PERSON	JOB	PAYMENT TERMS	DUE DATE
Brian Young	Camp Instructor	Due on receipt	August 24 th 2009

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	Registration for Premier Hockey Development Camp (pre reg.)	\$200.00	\$200.00
SUBTOTAL			\$200.00
SALES TAX			\$0.00
TOTAL			\$200.00

Make all checks payable to: **Brian Young**
THANK YOU FOR YOUR COMMITMENT AND SUPPORT