

**FOR OFFICE USE ONLY**

MPT Center \_\_\_\_\_  
Invoice # \_\_\_\_\_

# ACCOUNTING FORM MUST BE COMPLETED

Our goal is to properly account for your Pentathletes' registrations and fees. To insure accuracy you **MUST COMPLETE** this form and return it with each registration packet you send to the Pentathlon Institute. Failure to send a **completed** Accounting Form will result in the return of your packet, slowing the registration process. Please make additional copies of this form for your files.

Type of Registration	Quantity	Fee	Amount Due
EARLY Registrations	_____	\$39 - online	\$ _____
	_____	\$42 - mailed	\$ _____
Pre-paid Registrations	_____	\$0	\$ _____
Fee Waived/Gameleader Reg.	_____	\$0	\$ N/A _____
Late Registrations	_____	\$49 - online	\$ _____
	_____	\$53 - mailed	\$ _____
Late Registrations submitted less than seven days before competition	_____	\$69	\$ _____
Contributions			\$ _____
Other: _____	_____	_____	\$ _____

**A. Total # of Pentathletes registered** \_\_\_\_\_ **Total Amt Due in this packet** \$ \_\_\_\_\_

## Monies included with Packet

Payment Type <small>(circle one)</small>	# of Registrants	X	Amount Paid	Sub-Total	Grand Total
Cash/Check/Credit Card/Money Order	_____	X	\$ _____	\$ _____	
Cash/Check/Credit Card/Money Order	_____	X	\$ _____	\$ _____	
Cash/Check/Credit Card/Money Order	_____	X	\$ _____	\$ _____	
Cash/Check/Credit Card/Money Order	_____	X	\$ _____	\$ _____	
Cash/Check/Credit Card/Money Order	_____	X	\$ _____	\$ _____	

**B. Total monies in this packet to register** \_\_\_\_\_ **Pentathletes** (not previously registered) \$ \_\_\_\_\_

**This form was completed by:**

**Name** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_

**School** \_\_\_\_\_ **District** \_\_\_\_\_ **State** \_\_\_\_\_