



HAMILTON LACROSSE ASSOCIATION

25 Hester Street  
Hamilton, Ontario  
L9A 2N3

905-389-6405 = phone  
905-538-2927 = fax

lacrosse@mountaincable.net

**REQUEST FOR DUPLICATE INCOME TAX RECEIPT**

- ◆ Requests must be accompanied by a cheque, made payable to Hamilton Lacrosse Association, in the amount of \$10.00.
- ◆ Requests without payment will not be honoured nor will you be contacted requesting payment.
- ◆ Requests will be accepted only by mail and must be accompanied by this form.
- ◆ Receipts will not be sent until cheques have cleared the bank.
- ◆ NSF cheques will be subject to an additional \$25.00 fee.
- ◆ Please allow four to six weeks for delivery.

PLAYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RECEIPT REQUESTED FOR:     Field     Box     Bengal Fees  
\*\* requests for more than one receipt require separate forms and payments

REQUESTED BY (Please Print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

www.hamiltonlacrosse.com

**"Home of the Bengals"**