



**LBSL ROSTER PAYMENT RECONCILIATION FORM**

rev 2.0 by Rec Sec 6/12/22

TEAM NAME: \_\_\_\_\_

AGE GROUP	SWIMMING		DIVING		TOTAL
	# BOYS	# GIRLS	# BOYS	# GIRLS	
6&U	_____	_____	_____	_____	_____
8&U	_____	_____	_____	_____	_____
10&U	_____	_____	_____	_____	_____
12&U	_____	_____	_____	_____	_____
14&U	_____	_____	_____	_____	_____
OPEN	_____	_____	_____	_____	_____

Total number of athletes on this form: \_\_\_\_\_

**IGNORE this section if using this form to ONLY reconcile swimmers.**

**USE this section ONLY if reconciling DIVERS and of those athletes, who are both swimmers and divers.**  
Athletes who are swimmers and divers only need to pay (1) \$8 fee and that fee should be included in the swimmers total, and **not** be included in the diving total to avoid double-counting.

To reconcile divers, **subtract** the number of athletes who are **both** a swimmer & a diver: (-) \_\_\_\_\_

Names of both swimmer & diver athletes: \_\_\_\_\_

Total number of **DISTINCT** athletes on this form: \_\_\_\_\_

Fee per athlete x \$10.00

Total athlete fees \_\_\_\_\_

SWIM TEAM FEE (if submitting swimmers) + \$150

DIVE TEAM FEE (if submitting divers) + \$ 75

**TOTAL \$** \_\_\_\_\_

**CHECK #** \_\_\_\_\_

LBSL Payments can be mailed to  
 Colleen Figart  
 Address:  
 2536 Brownsville Rd.  
 Feasterville PA 19053  
 Venmo:  
 lbsl-league