



**PREMIUM  
SPORTS**

## ATTENDANCE RECORD

Date: \_\_\_\_\_

**FAX THIS RECORD AFTER MATCH(ES) TO PREMIUM SPORTS.**

**FAX: 415-829-3696**

Bar: \_\_\_\_\_

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

Game                      Date                      Attendance      Amount Due PS

Game	Date	Attendance	Amount Due PS

Comments:

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Signed by Owner/Bartender:

X \_\_\_\_\_

Signed by Doorperson:

X \_\_\_\_\_

Payment should be sent every  
Monday to:

Premium Sports  
501 Second Street, Suite 360  
San Francisco CA 94107