



**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:

Signed by Owner/Bartender:

X _____

Signed by Doorperson:

X _____

Payment should be sent every
Monday to:

Premium Sports Inc.
170 Columbus Avenue, Suite 210
San Francisco CA 94133

