



COMPETITIVE REIMBURSEMENT FORM

REQUEST FORM FOR TEAM RELATED EXPENSES

Date of Request: _____ Team's age group/program: _____

First Name: _____ Last Name: _____

Tournament Registration Fee Coach/Manager Travel Reimbursement

Other (Please specify): _____

* Please complete a separate form for each type of request (Multiple Tournament fees may be combined on one form)

Amount Requested: \$ _____

Address: _____ apt # _____ City _____

Province: _____ Country: _____ Postal Code _____

Email: _____ Home number: _____ Cell number: _____

Explanation :

Fee paid by:

Visa Mastercard American Express Debit/Cash

Please note: Proof of purchase (receipt) to be submitted with request. Reimbursement will be issued via Club cheque.

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OFFICE USE ONLY: Reviewed by: _____ Approved by: _____

Amount to be Reimbursed: _____