



TEAM EXPENSE REPORT

Please complete and return to the tournament manager before the end of the tournament.

School:	
Tournament:	
Tournament Dates:	
*Number of persons:	Number of round trips by team:
Which nights team stayed over: (circle) Wednesday Thursday Friday Saturday	
Roundtrip mileage: (Use figures according to State of Montana Highway Map)	
After being eliminated, did your team stay AS A TEAM (players & coaches w/ team bus)?	

*Maximum number of persons for basketball and volleyball is **16**. (12 players, 2 managers & 2 coaches) Maximum for soccer is **22**.
Maximum for softball is **21**.

Signature: _____ Title: _____ Phone: _____
(School Representative)