



**REIMBURSEMENT REQUEST FOR TOURNAMENT REGISTRATION
{FOR BOARD MEMBERS/LEVEL DIRECTORS/COACHES/MANAGERS}**

NAME OF PERSON THAT REGISTERED FOR THE TOURNAMENT _____

PHONE NUMBER _____

EMAIL ADDRESS _____

DATE OF REGISTRATION _____

TEAM TOURNAMENT WAS REGISTERED FOR _____

TOURNAMENT LOCATION _____

TOURNAMENT DATES _____

TOTAL AMOUNT OF REGISTRATION _____

WAS THIS PAID BY CHECK OR CARD? _____

CHECK # OR LAST 4 #'S OF CARD USED TO PAY _____

SIGNATURE _____ DATE _____

*All information must be filled out. Receipt must be attached. Check will be cut ASAP.

FOR OFFICE USE

Date request received _____

Date check cut _____

Check number _____