



Reimbursement for Tournament Registrations

Team: _____

Coach: _____

| Tournament Name/Location | Date of Tournament | Amount Paid |
|----------------------------|--------------------|-------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| Reimbursement Total | | \$ |

Please send tournament registration reimbursement check to:

Name: _____ Phone: _____

Address: _____ Email: _____

For any out of town tournaments requiring overnight stays, please indicate the following, so that we can pay the coach an expense stipend and bill your team accordingly. See ESC TOURNAMENT INFO document for details on coach travel expenses.

| | |
|---------------------------------|--|
| What city are you traveling to? | |
| How many hotel nights? | |

Please remit this form and receipts to:

Angie Boylan
angie_boylan14@yahoo.com
612-743-3848