



NHP Wildcats Soccer Club Intramural Tournament Reimbursement Application

Seasonal Year: Fall Spring 20 Boys Girls Age: U-

Tournament: Memorial Day Father's Day Columbus Day Indoor

Tournament Name/Location: _____

Tournament Dates: _____

Amount Requested: \$ _____

Make Check Payable to: _____

Mail Reimbursement to: _____

List player roster on reverse side

Copy of tournament application
AND cancelled check/credit card statement must be attached.

Division Director Approval: _____

For club use only:

Date Rec'd by Commissioner: ___ / ___ / ___ Commissioner Approval _____

Check # _____ Check Date: ___ / ___ / ___ Treasurer: _____

	<u>PLAYER NAME</u>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	

Tournament Cost

\$ _____

attending tournament @ \$20 (#__ x \$20)

\$ _____

(Amount Collected)

Difference (Reimbursement)

\$ _____