

AGQBA SENIOR HIGH Site Host Reimbursement Form

Send to: Sr. High —Steve
Patterson, 401 High School
Drive, Arkadelphia, 71923

Name: _____

Tournament Level:

Number of Teams in
Tournament: _____

Name and address to put
on the
reimbursement check:

Expenses:

Date:

Cost

Item:

Host School: _____

Total: _____

Maximum Reimbursement:

4 or 5 Teams - \$40

6 or 7 Teams - \$50

8 Teams - \$60

Based on number of Teams
playing

Please attach all receipts and a copy of the tournament pairings to this form.
**THIS FORM, PAIRINGS, AND RECEIPTS MUST BE SENT IN WITH ALL
OTHER
FORMS IN WEEK FOLLOWING TOURNAMENT TO RECEIVE
REIMBURSEMENT**

Site Host Signature

Date