

# AGQBA JUNIOR HIGH Site Host Reimbursement Form

Send to: Monica  
Springfield  
PO Box 70  
Cotter, 72626

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 the 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**

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Site Host Signature

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Date