AGQBA JUNIOR HIGH Site Host Reimbursement Form -2024

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|  Send to: ATTN: Sandra ElliottMurfreesboro High SchoolPO Box 339Murfreesboro, AR 71958 |

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Tournament Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   |
|   | Name and address to put on the  |
| Number of Teams in Tournament:\_\_\_\_\_  | reimbursement check:  |
|   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Expenses:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Date: Item:  |  Cost  |

Host School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Maximum Reimbursement: |  |
| 4 or 5 Teams - $406 or 7 Teams - $508 Teams - $60Based on the number of teams playing |  |
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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   |   | Date  |
|  |  |  |