AGQBA JUNIOR HIGH Site Host Reimbursement Form -2024

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| Send to: ATTN: Sandra Elliott  Murfreesboro High School  PO Box 339  Murfreesboro, 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 - $40  6 or 7 Teams - $50  8 Teams - $60  Based 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 |
|  |  |  |