



Tournament Fee Reimbursement Form

Requested By: _____

Date: _____

Team Name: _____

Tournament Name: _____

Tournament Dates: _____

Tournament Expense Reimbursement Calculation

- A. Total Coaches Fees (per diem, travel, tournament coaching fee): _____
- B. Tournament Registration Fee _____
- C. Other Fees _____
- D. Total Tournament Costs (add lines A & B) _____
- E. Total Number of Players Attending Tournament _____
- F. TOURNAMENT COST PER PLAYER (Divide Line C by line D) _____
- G. # of Financial Aid Recipients Attending Tournament (list below) _____

- H. TOTAL Amount to Be Reimbursed (line E multiplied by line F) _____**

Scholarship Player Names

Telephone: _____ Email: _____

Preferred Contact Method: Telephone Email

Check Delivery Method:

Mail To: _____

For treasurer's use only: Check # _____ Amount: _____



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Approval (*expenses must be approved by appropriate staff member or board member*):

Name: _____	Title: _____
Signature: _____	Date: _____