

# AGQBA **SENIOR HIGH** Site Host Reimbursement Form

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

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

Tournament Level: \_\_\_\_\_

Number of Teams in Tournament: \_\_\_\_\_

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

Name and address to put on the  
reimbursement check:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expenses:

Date:	Item:	Cost

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

<b>Maximum Reimbursement:</b>	
8 or fewer teams:	\$ 50.00
9 to 12 teams:	\$ 75.00
13 or more teams:	\$100.00

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

\_\_\_\_\_  
Senior High Tournament Director Signature

\_\_\_\_\_  
Date