

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: _____

Maximum Reimbursement:	
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