AGQBA SENIOR HIGH Site Host Reimbursement Form- 2024

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| Send to: Arkadelphia High School  ATTN: Steve Patterson,  401 High School Drive, Arkadelphia, 71923 |

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

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

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

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

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| --- | --- |
| Maximum Reimbursement: |  |
| 4 or 5 Teams - $46 |  |
| 6 or 7 Teams - $58 |  |
| 8 Teams - $72  Based on number of Teams playing |  |

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 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |