



Golden Valley Phoenix Soccer Club Reimbursement Request Form

Date: _____ Requestor: _____

Amount: \$ _____

Team Gender: Girl or Boy (circle one)

Team Age: _____ Team Name: _____

_____ Reimbursement for tournaments, training, other expenses or office supplies paid by me. Attach copies of forms or receipts to support reimbursement.

OR

_____ Prepare check payable to tournament listed below. Return check to me for mailing with registration forms.

Payee Name: _____

Address: _____

City/St/Z: _____

Requestor Signature: _____

Requestor Address/C/Z: _____

Requestor Phone: _____ E-mail: _____

Mail to: Jim Fitzsimmons, 763-521-7121

E-mail: fitsimm@biworldwide.com (if you have scanning capabilities)

GVL Office use only: Approved by: _____

Signature: _____ Date: _____