

**CASTLEFORD ROVERS SOCCER CLUB  
REQUEST FOR PAYMENT - TOURNAMENT FEE**

TEAM NAME: \_\_\_\_\_

COACH NAME: \_\_\_\_\_

TOURNAMENT NAME: \_\_\_\_\_

TOURNAMENT DATE: \_\_\_\_\_

TOURNAMENT TIME & LENGTH: \_\_\_\_\_

SUBMITTED DATE: \_\_\_\_\_

REIMBURSEMENT AMOUNT REQUESTED: \_\_\_\_\_

CHECK PAYABLE TO: \_\_\_\_\_

ADDRESS (INCLUDE CITY, STATE, ZIP): \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SUBMITTED TO: Ryan Carrier, Castleford Treasurer  
[castlefordtreasurer@gmail.com](mailto:castlefordtreasurer@gmail.com)

**PLEASE SCAN OR ATTACH RECEIPT WITH THIS FORM AND E-MAIL TO TREASURER.  
\$450 PER TOURNAMENT PER TEAM LIMIT, ONE TOURNAMENT COVERED PER YEAR  
TOURNAMENT FEES WILL BE REIMBURSED ONLY AFTER TOURNAMENT HAS BEEN  
COMPLETED. IF FORM IS SUBMITTED PRIOR TO TOURNAMENT PLEASE E-MAIL  
TREASURER ONCE TOURNAMENT IS COMPLETED TO RECEIVE PAYMENT**

CHECK # \_\_\_\_\_

ISSUED ON: \_\_\_\_\_