

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: **FAITH BERLAND, TREASURER CFR**
40 BRETT LANE
BEDFORD, NY 10506
OR FAITHBERLAND@GMAIL.COM

PLEASE ATTACH PAID RECEIPT TO THIS FORM AND MAIL OR 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: _____