

# CODY YOUTH BASKETBALL ASSOCIATION

## 2006 TOURNAMENT FEE REIMBURSEMENT FORM

Team ID: \_\_\_\_\_  
(i.e. 5<sup>th</sup> grade boys, 7<sup>th</sup> grade girls)

Tournament Location: \_\_\_\_\_

Tournament Dates: \_\_\_\_\_

Tournament Fee Paid: \_\_\_\_\_

Reimbursement Amount Requested: \_\_\_\_\_ (Maximum \$100)

Reimbursement Funds Received Prior to this Request: \_\_\_\_\_

\_\_\_\_\_  
Coach Signature

\_\_\_\_\_  
Date

### Instructions:

1. Complete information requested above.
2. Sign and date form.
3. Include copy of canceled check used to pay tournament fee.
4. Submit to CYBA Board President or Treasurer.

**REIMBURSEMENT PER TEAM IS LIMITED TO A MAXIMUM OF \$100 PER TOURNAMENT UP TO A SEASON MAXIMUM OF \$300.**