



# Fullerton Rangers Youth Soccer Club

FRYSC ♦ 1040-C Raymond Ave. ♦ Fullerton ♦ CA ♦ 92831 ♦ 714/526-3772

## SPONSORSHIP REIMBURSEMENT REQUEST

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

TEAM NUMBER \_\_\_\_\_ DIVISION \_\_\_\_\_

COACH \_\_\_\_\_ TEAM PARENT \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

Reimbursement will be made for TEAM Soccer related items only!  
(Team parties, team apparel, banners, tournaments, etc.)

<u>DATE</u>	<u>AMOUNT</u>	<u>DESCRIPTION</u>

TOTAL AMOUNT \_\_\_\_\_

Reimbursement requests will be accepted during the current season beginning on August 1, 2005 and concluding January 31, 2006 (CSL Teams may submit at any time). **Attach all receipts. indicate who the check should be made payable to, sign the reimbursement form and include a SELF ADDRESSED STAMPED ENVELOPE.** Submit reimbursement to:

FULLERTON RANGERS YOUTH SOCCER CLUB  
ATTN: Treasurer  
1040-C S. Raymond Ave.  
Fullerton, CA 92831

If you have any questions please contact Rob Dumlao. Reimbursements will be made within 14 days if all of the above information is properly enclosed.

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

I declare that the foregoing statement is true and accurately reports proper soccer related expenses incurred for the benefit of the FRYSC. \_\_\_\_\_

Signature/Date

**NOTE:** All CSL teams are required to comply with the reporting requirements in the FRYSC 2005 Handbook.

For Treasurer's Use Only:

Check # \_\_\_\_\_

Check Date \_\_\_\_\_

Check Amount \_\_\_\_\_