



## Youth Soccer Club

1040-C Raymond Ave \* Fullerton \* CA \* 92831 \* 714/526-3772

# Sponsorship Reimbursement Request

Team: \_\_\_\_\_ Coach: \_\_\_\_\_

Contact Ph #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Date	Amount	Description

**Total Amount:** \_\_\_\_\_

Reimbursement requests will be accepted during the current season. Attach all receipts, indicate who the check should be made payable to and where it should be mailed to, sign and date the reimbursement form:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>For Treasurer's Use Only:</b>
Check # _____
Check Date _____
Check Amount _____

Check made payable to/Check mailed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_