



Youth Soccer Club

369 S Acacia Ave * Fullerton * CA * 92831 * 714/519-3171

Sponsorship Reimbursement Request

Team: _____ Coach: _____

Contact Ph #: _____ Contact Name: _____

Date

Amount

Description

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 _____

For Treasurer's Use Only:

Check # _____

Check Date _____

Check Amount _____

Check made payable to/Check mailed to:
