

WNS Tournament Reimbursement Form

Team: _____ Date: _____

Contact Person: _____

Phone Number: _____ Email: _____

Checks (list separately):

Player: _____ Check #: _____ Amount: \$ _____

Player: _____ Check #: _____ Amount: \$ _____

Player: _____ Check #: _____ Amount: \$ _____

Player: _____ Check #: _____ Amount: \$ _____

Player: _____ Check #: _____ Amount: \$ _____

Player: _____ Check #: _____ Amount: \$ _____

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Player: _____ Check #: _____ Amount: \$ _____

Player: _____ Check #: _____ Amount: \$ _____

Player: _____ Check #: _____ Amount: \$ _____

Player: _____ Check #: _____ Amount: \$ _____

Player: _____ Check #: _____ Amount: \$ _____

Total Amount Enclosed: \$ _____

Please fill in this form and put it and checks/cash in an envelope addressed to Paul Squizzero.
Then put the envelope in the communication box in the MSC foyer.