



# Humber Valley Hockey Association HOUSE LEAGUE BANQUET REIMBURSEMENT FORM



DIVISION: \_\_\_\_\_

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

DATE OF BANQUET: \_\_\_\_\_

LOCATION OF BANQUET: \_\_\_\_\_

NUMBER OF PLAYERS ATTENDED: \_\_\_\_\_ (Maximum of 18)

NUMBER OF COACHES ATTENDED: \_\_\_\_\_ (Maximum of 5)

NUMBER OF SPONSORS ATTENDED: \_\_\_\_\_ (Maximum of 2)

TOTAL ATTENDED: \_\_\_\_\_

TOTAL COST: # ATTENDED X \$13.00 = \_\_\_\_\_  
(Midget \$15.00)

PERSON TO REIMBURSE: \_\_\_\_\_

POSITION ON TEAM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

APPROVED: \_\_\_\_\_

CHEQUE #: \_\_\_\_\_

**\*RECEIPTS MUST BE ATTACHED IN ORDER TO RECEIVE PAYMENT**  
**\*DEADLINE FOR SUBMITTING INVOICES IS JUNE 30<sup>th</sup>**

**SUBMIT TO:**

**HVHA  
c/o Susan Tiveron  
27 Tuscan Grande  
Alliston, Ontario L9R 0E2**