

Mandan Boys Basketball

Tournament Reimbursement Form

Team Name _____

Grade _____

Coach _____

Phone _____

Address _____

Date _____

Tournament Attended _____

Fee Paid _____

Team Roster (Please Print)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

Mail Form To:

Mandan Boys Basketball Club

P.O. Box : 531

Mandan, ND, 58554

Must be received by August 1st in the tournament year of the tournament.

To the best of my knowledge, all of the players on my team are members of the Mandan Boys Basketball Club.

Coach Signature _____ Date _____

Amount Reimbursed _____