

Name of Affiliate Club _____

Date of Event _____

of HAE entries _____ X 120.00 = _____

of AHAE entries _____ X 140.00 = _____

of PE entries _____ X 165.00 = _____

of CSE entries _____

Total test entry fees to be reimbursed _____

Additional cost to club _____

Additional \$ owed to club _____

Description of additional cost or amount owed to club to club:

Please make reimbursement check out to:

Please mail reimbursement to:
