

FOX CHASE SOCCER CLUB

TRAVEL TEAM ENTITLEMENTS - 2009-2010 Season (8/1/09-7/31/10)

- One Fall or Winter League (INCLUDING Ref Fees)
 - Second League (**NO Ref Fees**)
 - (Up to \$300.00)
 - (Sec League allowance without Tournament-up to \$600.00)
 - One Tournament (Up to \$300.00)
 - (Tourn allowance without Secondary League-up to \$600.00)
 - Winner of Division or Championship in a Fall League (Primary or Secondary)
 - \$25.00 per player and coaches(2) on active roster (Max=\$500.00) for the purchase of trophies, apparel, bags, etc.
 - Teams will be reimbursed based on submitted invoices to Treasurer.**
 - Cups – One State **OR** League Cups Competition (incl. Ref Fees) Max-\$300
 - Meeting Attendance Bonus - \$100.00
 - As determined and approved by Recording Secretary (currently 10 out of 12 meetings)
- >> *Any player fees owed to FCSC will be deducted from team payouts.*
- >> *Funds are issued based on league participation and tournament attendance.*
Unutilized funds are not due or transferrable.
- >> *The Club reserves the right to reduce payments to travel teams during the fiscal year due to decreased revenues or unforeseen expenses.*
- Please use Payment Request Form

Thank you for your cooperation.

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REIMBURSEMENT REQUEST FORM

Team Name _____

Age _____ Male/Female _____

Coach _____

Name/Address to mail check to:

Name _____

Street _____

City,ST ZIP _____

Make check payable to _____

Reimbursement Request is for:

(Check all that apply)

	<u>Amount</u>	<u># Games</u>	<u>Description/League or Tourn Name</u>
_____ League Ref Fees	_____	_____	_____
_____ Secondary League	_____	_____	_____
_____ Tournament	_____	_____	_____
_____ CUPS Registration	_____	_____	_____
_____ CUPS Ref Fees	_____	_____	_____
_____ Championship Award *	_____	_____	No of Players/Coaches _____
_____ Meeting Bonus	_____	_____	_____
_____ Other _____	_____	_____	_____

* purchase receipt required

Comments _____

Email to: FoxChaseSC@aol.com

Mail to: FCSC C/O R. Fitzmartin 742 Susquehanna Rd Phila., PA 19111-1321

Treasurer Use Only

Amount of funds owed by team to FCSC _____

Date Received _____

Payee _____

Check Number _____ Amount _____

Date Issued/Mailed _____

Treasurer Signature _____