## 

## *Bowlsask* *TOURNAMENT & PLAYDOWN EXPENSE FORM*

Club Name (please print):

Address: City: Postal Code:

Phone: Email:

Event:

Location:

Date:

Drawmaster: Greenskeeper:

**FACILITY RENTAL, DRAWMASTER AND GREENSKEEPER**

Provincial Playdown, Grassroots and Bowl Sask Tournament ($750**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Athlete Development Clinic ($150) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER EXPENSES (specify)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of DRAWS:**

Event Name: Fri. Sat. Sun. Mon.

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Umpire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of draws officiated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Umpire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of draws officiated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Umpire: ----------------------------------------------------------------- No. of draws officiated----------------------------------

**TOTAL EXPENSES:** $ ------------------------

**TOTAL CLAIM:**  $

(office use only)

Signature: Date:

**Please note: Attach all original receipts to this form to ensure complete payment.**