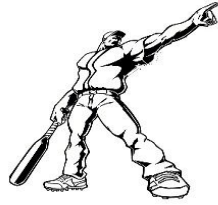


CANYON HILLS LITTLE LEAGUE



TEAM FUND REQUEST FOR REIMBURSEMENT

Team Name/Division: _____

Contact #: (____) _____

Date: _____

Amount: \$ _____

ORIGINAL RECEIPT MUST ACCOMPANY THIS REQUEST

Pay To:

NAME

STREET

CITY

STATE

ZIP

Purpose: _____

Delivery Method (Please Choose One):

Pick-UP: _____

Mail: _____

For Office Use Only

Funds Available: \$ _____

Check #: _____

Check Date: _____

Amount: _____

Delivery Date: _____

Delivery Method: Pick-Up Mail Folder