

Kent Valley Hockey Fundraiser Team Funds Reimbursement Form

Date: _____

Team Name & Division _____

Total
Amount: _____ CK#: _____ Cash:\$ _____

Type of Event: _____

Name & Address of Contributor:

Kent Valley Hockey Team Manager
Signature: _____

ATTN: Team Manager:

Understand that this form needs to be filled out and turned in with monies collected/donated to your team in order to receive a check from Kent Valley Hockey Associations Treasurer. Reimbursement will be within 4-5 business days. A tax letter will be sent to the business that has contributed to your team from the Treasurer.