



Tournament Check Request Form

Travel Teams

Date: _____ Requestor: _____
(Team Manager)

Travel Team: _____ Amount Requested: \$ _____

I can be reached for questions at the following number: _____

Check one box:

- Reimbursement for Tournament Cost paid directly by me. Attach copies of registration forms to support reimbursement.
- Please prepare check payable to tournament per below.
 - Mail check with attached registration forms to tournament, or
 - Return check to me for mailing with registration forms.

Payee Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____

Requestor Signature: _____
(Team Manager)

PSA Office Use Only:

Approved By: (Print Name) _____

Signature: _____ Date _____

Attachments: Yes No

Mail to: Plymouth Soccer Association, 14800 34th Ave N, Plymouth, MN 55447
763-450-3099 or info@plymouthsoccer.com