

NAME OF PERSON REQUESTING REIMBURSEMENT: _____

I am requesting reimbursement for:

_____ **Concession stand retainer** * if this option selected see questions below

_____ **Purchase made on behalf of the league** *receipt required

_____ **Other** * please provide explanation on the line below

*If "concession stand retainer" is checked above, please provide the following information:

BBR PLAYER NAME (S): _____

REGISTERED PARENT/GUARDIAN NAME _____

PLEASE PROVIDE THE DATES AND TIMES OF THE CONCESSION STAND SHIFTS YOU OR SOMEONE ON YOUR BEHALF WORKED:

DATE _____ **TIME:** _____

DATE _____ **TIME:** _____

DATE _____ **TIME:** _____

DATE _____ **TIME:** _____

DATE _____ **TIME:** _____

Note – checks must be picked up in person at the Snack Shack 7 playing days after the request is submitted. Checks will not be mailed and any checks left at the stand after the season ends will be forfeited and considered a donation.

Administrative Section

_____ **Check**

_____ **Initials of processor**