

APPLICATION FOR REIMBURSEMENT OF CYCLING EXPENSES

Newmarket Eagles Cycling Club Youth Fund

Name of applicant for reimbursement _____

Phone number: _____ email _____

Name(s) of youth participant(s) _____

Event for which reimbursement is required: _____ Date _____

If more than one event, give names and dates: _____ Date _____

_____ Date _____

Type of expenses: (ATTACH RECEIPTS)

Transportation (including gasoline): \$ _____

Lodging: \$ _____

Meals: \$ _____

Event registration fee: \$ _____

Other: \$ _____ (*specify*)

Give this form to one of the members of the Youth Committee (Dean Robertson, Ed Veal, Gord Clarke) or to a member of the NECC Executive (Andrew Darke, Phil Harper, Kirk Douglas, Victor Tolgyessy).

Contact information is on the website: www.newmarketeagles.com