

**St. Dominic Athletic Association**  
**Tournament Reimbursement / Check Request**

Tournament Reimbursement or Check Request (Circle one)

Payable to: \_\_\_\_\_

Amount: \_\_\_\_\_

Team Color: \_\_\_\_\_

Grade: \_\_\_\_\_

Boys or Girls (Please circle one)

Tournament Name: \_\_\_\_\_

Tournaments for this team: 1 2 3 4 (Circle one)

Mail this check to:

Check Requested by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Any enclosures to be mailed with the check? Yes / No (Please circle one)

Email check request to: Joe Pink

Email address: joepink@earthlink.net

Phone number: 262-373-0285

PLEASE ALLOW ENOUGH TIME FOR DELIVERY