

**Tournament Reimbursement Form
2007/2008 Soccer Calendar Year
Division 1 & 3 Teams**

I. Tournament Information

Name of Tournament: _____
Cost _____
Location _____
Would You Recommend the tournament? _____

II. Reimbursement Requirements

- a. Magic Cup Reimbursement
 - i. Central Valley division 1 & 3 team who participated and met the volunteer requirements set for by the tournament director, qualify for the following
 - 1. U11 to U14 teams: \$250 Reimbursement, or
 - 2. U11 to U13 teams: Request that the league reserve and cover costs for lighted practice fields for state cup practices during the month of December, January, and February.
 - b. Non CVYSL Tournament Reimbursement
 - i. Each team qualifies for a maximum \$250 tournament scholarship upon meeting the requirements set forth by the board of directors.
 - 1. Coach was represented at the AGM in January of 2007
 - 2. Team is in good standing with CVYSL.
 - c. Tournament Director must approve each reimbursement.

II. Team Information

Team Name _____
Age/Gender _____
Coach Present at AGM in 2007? _____
PCA Workshop attended in 2007? _____
Tournament Director Approval? Email response _____
Name of Coach: _____
Contact Info: email/phone _____

III. Payment Information

Payee Name _____
Address _____
City: _____ Zip: _____

IV. Requesting

Magic Cup: \$250 Reimbursement State Cup Lighted Practice Field
Non CVYSL: \$250 Reimbursement

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V. Approval Steps

- a. Send and email to the tournament director at tournaments@cvysl.org for refund approval.
- b. Then send the information to the registrar at registrar@cvysl.org, or mail the information to PO Box 18188, San Jose, Ca 95158.