



C.E.S.S. Reimbursement Form

Please fill out this form completely and fax to The King's School at 604-888-0977 or email to Andrea at aschumacher@tkc.com.

(Attn: Andrea Schumacher)

C.E.S.S. Representative: _____

Name of Host School(s): _____

Name & Date of Tournament: _____

Number of Teams Registered in the Fall - according to the reg. form (line 1) _____
cost per team (line 2) _____
line 1 x line 2 = amount paid to CESS (line 3) _____
fees collected from any teams that registered late (line 4) _____
line 3 + line 4 = total registration fees (line 5) _____
line 5 x .90 (line 6) _____
less fees collected from any teams that registered late (line 4) _____
line 6 – line 4 = total allowable for reimbursement (line 7) _____

Total Requested: _____ (must be less than or equal to line 7)

Cheque made out to: _____

Cheque sent to (full address including postal code): _____

- If a tournament is co-hosted by more than 1 school, only 1 form should be submitted (track and field events are an exception)
- Please attach receipts for all expenses
- Please remember to collect fees at the tournament from any teams not pre-registered and subtract that amount from your reimbursement request
- Email: aschumacher@tkc.com with any questions or concerns

Additional notes:
