First Shots $25 Membership Discount
Reimbursement Request Form

Team Name: _____

Contact Person: _____ Phone: _____ Email: _____

Total Number $25 Discounts: _____

Total Reimbursement Amount : _____ (Please attach copies of receipts along with this request)

Team Check Made Payable To (Enter Full Name, **NO ABBREVIATIONS**):

_____

Mail Check To: _____

_____

_____

Request Submitted By: _____ Date _____

Email your completed request form along with receipts to kleach@sssfonline.com