



NSWAPA Sponsored Teams Members Reimbursement form

You must supply all receipts for your claims.

Name:

Your IPSC #:

Your Club:

The Team position that you were nominated for:

Entry Fee: (value of the early bird fee only) receipts Yes / No \$

One National Dinner Ticket: receipts Yes / No \$

Note: Match entry will only be reimbursed if your National match score is at least a minimum 75% of the National Champions score.

NSWAPA sponsored Gold Teams extras:

Travel:
(to the maximum value of \$????) receipts Yes / No \$
Price will be set each year by the APA.

Accommodation:
(payment or part payment of these is at the discretion of the team manager) receipts Yes / No \$

Note: Match entry will only be reimbursed if your National match score is at least a minimum 75% of the National Champions score.

Total \$

Lodgements of reimbursement forms must be made within 28 days after the Nationals have finished. All reimbursement forms along with a copy of your receipts should be sent to:

**NSWAPA Practical Pistol Director
PO Box 277
Maroubra NSW
2035**

Signed:

Date: