



# 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: