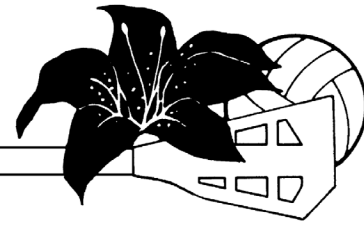


# SASKATCHEWAN BROOMBALL ASSOCIATION



2205 Victoria Avenue, Regina, Saskatchewan S4P 0S4  
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 Email: [execdirector@saskbroomball.ca](mailto:execdirector@saskbroomball.ca)  
 Website: [www.saskbroomball.ca](http://www.saskbroomball.ca)

NAME		DATE	ADDRESS	
CITY		POSTAL CODE	PHONE	FAX
VOLUNTEER ___ OFFICIAL ___ TOC ___ CLINICIAN ___ STAFF ___ BOARD ___				
PURPOSE OF CLAIM:				
<b>MEALS – STAFF, BOARD, VOLUNTEERS, OFFICIALS</b>		# OF DAYS	DATES	TOTAL
BREAK FAST	\$12.00			\$
LUNCH	\$15.00			\$
DINNER	\$25.00			\$
TOTAL				\$
MILEAGE	___ KM. X \$0.50/KM		\$	
ACCOMMODATIONS (Receipts required)	___ # NIGHTS X ___		\$	
OFFICIALS GAME FEES TOC GAME FEES – Paid to SBA SBA GAME FEES – Paid to SBA	<b>\$42.50/GAME X</b> Paid to Official \$1.00/GAME X Paid to SBA <b>\$1.00/GAME X</b> Paid to TOC		\$	
TOURNAMENT OFFICIALS’ COORDINATOR (TOC)	\$200/DAY (2 Evaluations per official) or \$100.00/HALF DAY		\$	
CLINICIANS FEES (OFFICIAL)	<b>\$100.00 - HALF DAY</b> \$200.00 - FULL DAY		\$	
CLINICIANS FEES (PLAYER)	\$75.00 - HALF DAY \$150.00 - FULL DAY		\$	
PROVINCIAL EVENT COORDINATOR	\$150.00/DAY		\$	
SBA DELEGATE TO NATIONALS/CBF AGM	\$150.00/DAY		\$	
OTHER	ATTACH DOCUMENTATION		\$	
SIGNATURE: _____ DATE: _____			TOTAL CLAIM \$ _____	

PROUDLY SUPPORTED BY

