

**Ohio Travel Soccer League
Trophies Reimbursement Form
For U9, U10, U11, U12, U13 and U14 teams
That place 1st in their division
Team will be reimbursed up to \$7 per player**

Community: _____

Division: _____

Coach: _____

Payment To: _____

Address for reimbursement:

Name: _____

Street: _____

City, Zip: _____

Phone

Number: _____

**RECIEPT and COPY OF ROSTER MUST BE
ATTACHED**

**Request must be received for the *Spring season by
August 1st* and for the *Fall season by January 1st*
of the current year.**

**Send to:
OHTSL
P.O. Box 16205
Rocky River, OH 44116**