

Ohio Travel Soccer League

Trophies Reimbursement Form

For U9, U10, U11, U12, U13 and U14 and U15 teams

That place 1st in their division

Team will be reimbursed up to \$7 per player only

Community: _____

Division: _____

Coach: _____

Payment To: _____

Address for reimbursement:

Name: _____

Street: _____

City, Zip: _____

Phone Number: _____

Email Address: _____

RECIPT and COPY OF OFFICIAL US CLUB ROSTER MUST BE

ATTACHED

Request must be received for the

Fall season by December 1.

Spring season by July 20.

Email all necessary documents to

ADMIN@OHTSL.COM