



# Apex Soccer Club

Tournament Reimbursement / Payment Form

Mail To: Apex SC

C/O: Kyle Brazell

341 Frys Harbor Dr. Camarillo, California 93012

Telephone (805) 630-1622

Today's Date \_\_\_\_\_

**Reimbursement**                      **Payment**

Event Name \_\_\_\_\_

Event Dates \_\_\_\_\_ Sign Up Due Date \_\_\_\_\_

Team Name \_\_\_\_\_ Tournament # \_\_\_\_\_

Tournament URL: \_\_\_\_\_

Log-In \_\_\_\_\_ Password \_\_\_\_\_

Amount \$ \_\_\_\_\_

Pay to the Order of \_\_\_\_\_

Address: \_\_\_\_\_

Requestors Name \_\_\_\_\_ Team Position \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

To receive prompt payments please fill out all information above and attach receipt of payment or payment information. Limit one event / per request.

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## Club Use Only

Date Request Received \_\_\_\_\_ Date Paid \_\_\_\_\_

Payment Method:              Check              Online Payment

Confirmation # / Check # \_\_\_\_\_

Amount Paid \_\_\_\_\_

Payment Made By \_\_\_\_\_