

**Trophies Reimbursement Form
For U10, U11, U12, U13 and U14 teams
That place 1st in their division**

Team will be reimbursed up to \$7 per player

Community: _____

Div: _____

Coach: _____

Payment to: _____

Address for reimbursement:

Name: _____

Street: _____

City, Zip: _____

RECIEPT and COPY OF ROSTER MUST BE ATTACHED

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

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