



Team BC Athlete Travel Expense Reimbursement Request – Interior/Island

Please include all relevant **receipts with** this Expense Reimbursement and **E-mail** to deb@bclacrosse.com **immediately following travel to training camp or the airport to travel to a tournament**.

Parent Name:		Dat	Date:	
Address: *for mailing	cheque to	City:	PC:	
Please select	•			
Boy's	14U	12 U		
Girl's	14U	12U		
events, etc.	If more than one	ould be made to keep costs down when travelling athlete is travelling from the same area, every elenses — one vehicle from the same area.		
Event:				
Date:		Location (City):		
Travel fro	om the Interio	or		
	um \$75 with rece		\$	
Travel fro	om the Island			
Ferry – CAF	R (1)		\$	
Ferry - ATH	ILETES		\$	
Please list na	ames of athletes i	ncluded in vehicle:		
Accommo	odations – bot	h Interior and Island		
	before travel to a able - early mor	a tournament) rning flights only	\$	
TOTAL E	EXPENSE RE	EIMBURSEMENT REQUESTED	\$_	