

CLAIM FORM Transportation Grant

		INFORMATION
Club Name		Postal Code
	Address	Tel Number
	City/Town	Email
		TOURNAMENT
	Club Name	Tournament Date
	мо	DE OF TRANSPORTATION
	□ Bus	☐ Personal Vehicle (# of golfers)
		PARTICIPANTS
Name #1:		Name #7:
Name #2:		Name #8:
Name #3:		Name #9:
Name #4:		Name #10:
Name #5:		Name #11:
Name #6:		Name #12:
		\$ding: \$15/player to a maximum of \$180 per club.) ur club. The club is responsible for reimbursement.
Claim form	prepared by:	
Name, email, to	elephone number	Signature
Club signin	g authority:	
Name, email, te	elephone number	Signature

Send claim form to: Northern Golf Association, 576 Hemlock St., Timmins, ON P4N 6T7 Email: archieb@eastlink.ca

Transportation grant made possible by:

