Tournament Claim Form

Please complete and return to CNZ. P O Box 11 259 Wellington 6142 or croquet@croquet.org.nz

Name of Tournament: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Claimant** | **Expenses Claimed / Daily allowance** | **Amount** |
| **Manager**Name:Bank Account:Number of Days Managing: | @ $ \_\_\_\_ per day | $ |
| **Referee of the Tournament**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of days Refereeing: | @ $ \_\_\_\_ per day | $ |
| **Assistant Manager** – if applicableName: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank account: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of days Managing | @ $ \_\_\_\_ per day | $ |
| **Host Association**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Secretary Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of games played |  | @ $5.00 per game for AC@ $2.00 per game for GC | $ |
| Sets of Association Hoops used |  | @ $4.00 per set per day | $ |
| Sets of Association Balls used |  | @ $1.50 per set per day | $ |
| Total payment to the Association | $ |