



# TOURNAMENT ALLOWANCE FORM

Please submit this form with signatures within 30 days of the tournament's closing date.

Tournament Name \_\_\_\_\_ Date/s \_\_\_\_\_  
 Location \_\_\_\_\_

## TOURNAMENT DIRECTOR

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address/City/State/Zip \_\_\_\_\_  
 Email \_\_\_\_\_

## TYPE OF TOURNAMENT ACTIVITY

- |                                      |                       |                              |
|--------------------------------------|-----------------------|------------------------------|
| <input type="checkbox"/> Basketball  | Number of teams _____ | Number of participants _____ |
| <input type="checkbox"/> Bean bag    | Number of teams _____ | Number of participants _____ |
| <input type="checkbox"/> Bowling     | Number of teams _____ | Number of participants _____ |
| <input type="checkbox"/> Card Party  | Number of teams _____ | Number of participants _____ |
| <input type="checkbox"/> Golf        | Number of teams _____ | Number of participants _____ |
| <input type="checkbox"/> Rolle Bolle | Number of teams _____ | Number of participants _____ |
| <input type="checkbox"/> Softball    | Number of teams _____ | Number of participants _____ |

**Allowance award: \$250 per approved tournament or \$8 per valid member, whichever is greater.**

**Total Number Valid Participating  
COF Members**

- If less than 31 valid participants, receive a flat \$250.  
 If 32 or more valid participants, receive \$8 per member.

**TOTAL ALLOWANCE AWARD**

\$ \_\_\_\_\_

**Make check payable to:** Local/State Court \_\_\_\_\_

**List courts represented and number of participating members. Use the back of this sheet for more space.**

Court No.	Participants

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## CERTIFICATION

**I certify the above information is correct.**

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_