Tournament Claim Form

Please complete and return to CNZ. P O Box 11 259 Wellington 6142 or [croquet@croquet.org.nz](mailto: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 applicable  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 | | | $ |