

**NATIONAL/INTERNATIONAL TOURNAMENT
REIMBURSEMENT APPLICATION FOR FAS TEAMS**



FAS Team Name: [Click here to enter text.](#)

Tournament Team Name: [Click here to enter text.](#)

Manager Name: [Click here to enter text.](#)

Manager Email: [Click here to enter text.](#)

Manager Phone

C: [Click here to enter text.](#)

W: [Click here to enter text.](#)

H: [Click here to enter text.](#)

For the tournament in which you participated, please provide the information:

Association Hosting Tournament:

ASA ISA NSA ISSA SSUSA SNA SSSA USSSA Other: _____

Name of Tournament: [Click here to enter text.](#)

Date(s) of Tournament: [Click here to enter text.](#)

Entry Fee You Paid for Tournament: [Click here to enter text.](#)

Location of Tournament (City, State): [Click here to enter text.](#)

Win/Loss Finish in the Tournament: [Click here to enter text.](#)

Full Names of Rostered Players for the Tournament *(Tournament rosters, as verified by the Tournament Director, must include a minimum of 8 players from the FAS program to be considered):*

[Click here to enter text.](#)

Team Information

How long has your team been together?: [Click here to enter text.](#)

Team accomplishments: [Click here to enter text.](#)

Please list or attach any other supporting documentation you would like us to use in determining your eligibility for funding reimbursement.

[Click here to enter text.](#)

FAS is committed to supporting teams comprised largely of FAS players. All above information must be completed to be eligible for consideration of funding reimbursement.