

Golf Tournament – Individual Claim Form

Requestor: _____

Date of Claim: _____ Date of Tournament: _____

Name of Golf Tournament: _____

How to Submit:

- Gather applicable detailed receipts/ticket stubs (debit & credit card receipts are not accepted)
- Claimant must be a WBRS member
- Scan and e-mail this completed form with detailed receipts/ticket stubs to wbrs.info@rmwb.ca

By signing below, I agree to have participated in the activity as described above and followed the Golf Tournament Reimbursement program rules.

Signature	Email Address (for EMT)	Receipts Total
		\$

The personal information on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. The personal information will be used to provide a reimbursement under the Golf Tournament Reimbursement Program. If you have any questions regarding the collection or use of this information, you may contact the Secretary of the Wood Buffalo Recreation Society, 1st Floor Jubilee Building, 9909 Franklin Avenue., T9H 2K4, or call (780) 793-1149.