



## 2019 LHM PLAYERS CARDINALS TICKET REIMBURSEMENT FORM

Team Name: \_\_\_\_\_

Coach: \_\_\_\_\_

Number of players: \_\_\_\_\_

Date attending Game: \_\_\_\_\_

Hotel/Property: \_\_\_\_\_

# of Room nights: \_\_\_\_\_

Booking Agent: \_\_\_\_\_

**All tickets MUST be purchased through the Game 7 Cardinals Sales Rep Michael Pavlosick to be eligible for reimbursement. MUST be one of our Preferred Hotels listed on website!! Please see additional requirements listed on site (minimum # room nights etc...) for eligibility.**

**Please bring the following to Team Check In to receive your reimbursement check:**

- 1) This completed form
- 2) Copy of group ticket sales receipt from the Cardinals
- 3) Copy of Team Roster