



TAMARAC BOOSTER CLUB

<https://tamaracboosterclub.org>



Banquet Reconciliation

Please include completed banquet reconciliation, contract/invoice, and all receipts in an envelope with all monies collected.

Sport's Program: _____

Varsity Coach: _____

Completed By: _____

Date of the Banquet: _____

Venue: _____ Check Made Payable To: _____

Paid by the Booster Club:

Number of Coaches: _____ @ \$ _____ = _____

List Coaches Attending: _____

Number of Administration Attending: _____ @ \$ _____ = _____

List Administration Attending: _____

Number of Hardship Athletes: _____ @ \$ _____ = _____

Paid by Parents/Program:

Number of Athletes: _____ @ \$ _____ = _____

Number of Adults: _____ @ \$ _____ = _____

Number of Children * if child price is applicable: _____ @ \$ _____ = _____

Misc. Expenses i.e. AV Equipment: _____

Description: _____ \$ _____

Total Banquet: _____ Check Number: _____

Senior Gifts: _____ \$ _____

Coaches Gifts: _____ \$ _____

Other Reimbursements Paid Out: _____

Name: _____ Check Number: _____

Name: _____ Check Number: _____