

J24/Fleet 24 Regatta Reimbursement Request

Note: Please send a self addressed/stamped envelope and receipt of payment. Requests will not exceed \$100

Fleet 24 Boat Name	_____	Date	_____
Fee paid	_____	Reimburse-req.	_____
Date of regatta	_____		
Name of regatta	_____		

Approved By	_____	Signature
Requested By	_____	Signature

Mail To: Fred Mercant
51 Horicon Avenue
Glens Falls NY 12801