

**Motel/Campground Reimbursement Form  
Daytona Mini-Pro Events – Fall/Winter 2011/2012**

**Volunteer Info**

**Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State, & Zip:** \_\_\_\_\_  
**Telephone #:** (\_\_\_\_)\_\_\_\_-\_\_\_\_ or (\_\_\_\_)\_\_\_\_-\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_

**Eligible Nights By Event**

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**Italian Cars:**

**Fri/Sat Nov 4-5** \_\_\_\_\_

**Sat/Sun Nov 5-6** \_\_\_\_\_

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**HSR:**

**Thu/Fri Nov 10-11** \_\_\_\_\_

**Fri/Sat Nov 11-12** \_\_\_\_\_

**Sat/Sun Nov 12-13** \_\_\_\_\_

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**Grand Am Test:**

**Wed/Thu Nov 16-17** \_\_\_\_\_

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**Audi Club:**

**Sat/Sun Dec 3-4** \_\_\_\_\_

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**Grand Am Test:**

**Tue/Wed Dec 6-7** \_\_\_\_\_

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**Grand Am Test:**

**Fri/Sat Jan 6-7** \_\_\_\_\_

**Sat/Sun Jan 7-8** \_\_\_\_\_

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Instructions: Complete volunteer info above. Please provide your mailing address and either phone or email so that you can be contacted if we need additional information. For each event for which reimbursement is sought, sign on the line for the appropriate night and enclose your motel/campground receipt(s). If other workers shared your room with you, please provide their name(s). Return completed form to David MacGregor 1252 Clays Trl Oldsmar FL 34677.

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**Rcvd By Administrator** \_\_\_\_\_ **Approved** \_\_\_\_\_

**Rcvd By Treasurer** \_\_\_\_\_ **Check#** \_\_\_\_\_ **Amt \$** \_\_\_\_\_ **Date:** \_\_\_\_\_