

BOX#

TICKETS

CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

WWW.CIACSPORTS.COM 203-250-1111



SPRING SPORTS EXPENSE SH	EET 2022			
SPORT:	DIV: R	OUND:	DATE:	
HOST:	SCHOOLS PARTICIPATING:			
QUARTERFINAL GAMES				
	S DIRECTLY. ONE CHECK WILL BE ISSUED TO TH	E SITE DIRECTOR AND A SI	ECOND CHECK TO THE	
HOST SCHOOL FOR REMINNO	G EXPENSES UP TO \$160 . ITEMIZE YOUR EXPEN	ISE BELOW.		
School check should be ma	ade out & send to:			
SEMIFINAL & FINAL GAI	VIES			
CIAC WILL PAY EXPENSES DIF	RECTLY ASSOCIATED WITH STAGING OF THE SE	MIFINALS AND FINALS GAI	MES.	
CIAC WILL PAY OFFICIALS DIF	RECTLY.			
IF THIS IS A SEMI FINAL OR F	INAL GAME AND YOU WISH TO RECEIVE ONE C	HECK PAYABLE TO THE SC	HOOL FOR WORKERS I	PLEASE CHECK
THE BOX & COMPLETE SCHO	OL CHECK INFORMATION ABOVE.			
SITE DIRECTOR CHECK				
FIRST & LAST NAME:			AC FEE:	
STREET:	TOWN:	STATE:	ZIP:	
PHONE:	E-MAIL:			
	behind the reimbursed expenses. Please list yo emifinal/final games, if you want CIAC to pay th			
again or attache a sheet.	eninia, iniai games, ii you want ciac to pay tii	e workers directly. If you is	un out of space please	illi out tills fort
OTHER EXPENSES				
FULL NAME (required)	ADDRESS (only semifinal/final games)		SERVICE	AMOUNT
	L		OTAL EXPENSES:	
			OTAL LAI LINGLO.	
E-MAIL YOUR REPORT TO	JBROWN@CASCIAC.ORG			
CIAC USE ONLY				

Any questions contact Jadzia Herrmann Brown @ (203) 651-3924 or jbrown@casciac.org

DATE:

APPROVED BY