



Kentucky Team Beef
2017 Reimbursement Form
Please write neatly!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Circle One: Running Rock Climbing Triathlon Cycling Archery
 Sporting Clays Power Lifting CrossFit

Name of Event: _____

Location: _____

Bib #: _____

Date of Event: _____

Entry fee: _____

Comments: _____

Please also attach:
Receipt of payment (copies accepted)
Photo from event in jersey

**Return to KY Team Beef, c/o Katelyn Hawkins, 176 Pasadena Drive, Lexington, KY
40503 – khawkins@kycattle.org - Fax: 859-260-2060**