



NEWBERRY TOWNSHIP
WEST SHORE RECREATION COMMISSION
REIMBURSEMENT FORM
2024

Name: (please print) _____

Address: _____

Phone: _____

Signature: _____

WSRC PROGRAM: _____

Program Cost: \$ _____ X _____ = \$ _____

Discount Cost: \$ _____ X _____ = \$ _____

Total Reimbursement Amount: \$ _____

To be completed by Township Staff

Registration Confirmation Attached? YES _____ (check)

Proof of Residency Type _____

Twp Staff Signature: _____

Date: ____/____/____