

EGO BOOSTER CLUB VALUE POINTS CLAIM FORM

Please complete this form regardless of where you want your money to go and **submit the form to the Orlando Metro front office for signature.**

Each 1.0 value point is equal to \$10.00. Eligible expenses must fall between 6/1/24 and 5/31/25. You can only claim an item one time. The total at the bottom of the receipt column can be greater than the amount of your points (remember 1 point = \$10.00), but **you will only be reimbursed for your Total Point Value.** Tuition, the registration fee that the gym charges, administration fees, and the banner fee are **NOT** eligible expenses.

Gymnast(s)' Name _____ Level _____ Date _____

Contact Email _____

Eligible Expenses	\$ Amount	\$ Total
-------------------	-----------	----------

Team Travel:

Gymnast(s) meet registration & coaches travel fees: (Attach a statement from the gym indicating paid or the need to pay the item.)

Name of meet:

_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	_____

One chaperone entry per meet (No receipt needed.)

Name of meet:

_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	_____

Hotel (Attach receipt NOT an email or internet confirmation. Receipt MUST show a \$0 balance - can give a copy of the credit card statement indicating amount WITH the internet confirmation.)

Name of meet:

_____	_____	
_____	_____	
_____	_____	
_____	_____	_____

Airfare (Attach receipt NOT an email or internet confirmation. Receipt MUST show a \$0 balance - can give a copy of the credit card statement indicating amount WITH the internet confirmation).

Name of meet:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Mileage (Must attach Google Maps or the like with the total number of miles from your house or the gym TO the meet site - Mileage rates based on IRS rules.)

Name of meet:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Tolls, Rental Cars, Parking Fees (hotel, airport, meet site) (Attach receipt NOT an email or internet confirmation. Receipt MUST show a \$0 balance - can give a copy of the credit card statement indicating amount WITH the internet confirmation.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Food (Must attach an itemized receipt - can claim gymnast and ONE chaperone - NO alcohol. Receipt MUST list out the individual food/drink items. You CANNOT use a hotel statement where it lumps all the food purchased at the restaurant or room service. **FOOD AND DRINKS MUST BE ITEMIZED.** The maximum is \$25 per person per day for competition day, and \$15 per person per day for travel days.)

Name of meet:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Camps (Attach a statement from the gym indicating paid or the need to pay the item.)

Name of camp and what year:

Compulsory/Boys - weekend	Year _____	_____
Competitive - week long	Year _____	_____
Recruitment	Year _____	_____

Miscellaneous Eligible Expenses (Attach a statement from the gym indicating paid or the need to pay the item.)

USAG#	_____
Congress Fee	_____
Competition Leo and Warm Up	_____
Grips, Tape and/or Pre-Wrap purchased from the office	_____
Practice leos	_____

Pro Shop Type Items not Purchased from the gym (Attach an itemized receipt indicating a \$0 balance.)

Grips/Wristbands (to go under grips)	_____
Tape/Pre-Wrap	_____
Practice leos	_____

Choreography/Floor Music (Attach an itemized receipt, or copy of your cancelled check **FRONT AND BACK**, or copy of credit card statement indicating amount WITH the internet confirmation.)

Beam Choreography

Floor Choreography

Floor Music

Total Amount of Receipts \$ _____

Total Amount of Value Points for Reimbursement _____ x 10 = \$ _____



WHO do you want the check made out to?????
REMEMBER THIS IMPORTANT STEP!

Payable to: ORLANDO METRO GYMNASTICS \$ _____

OR

Payable to : _____ \$ _____

(If you write your name here the office **MUST** sign off on it. See below **For Official Use Only**)

If the check needs to be mailed, please provide the address you would like it mailed to:



For Official Use Only: Requested Total: \$ _____ in Value Points: _____

Approved: _____
Orlando Metro

Check #	Date:	Amount: \$	Value Points Coordinator
Check #	Date:	Amount: \$	Treasurer