

AMBCS Accounting Form 2017 Racing Season

Info go to www.AMBCS.com or call 870 246 6686

Race Name
Race Location
Race Date
Name of Individual Completing Form
Date of Completion

Total Number at race _____ **X \$3.00 =** _____

Number of Free AMBCS Youth Hard Plates issued (14 & under) _____

Number of Adult AMBCS Hard Plates issued _____ **X \$5.00 =** _____

Total Dollar amount due to AMBCS _____

Make Checks payable to: AMBCS. Send Payment Via Check with a copy of this form to:

AMBCS
111 Evonshire Dr
Arkadelphia AR 71923

For AMBCS Office use only			
Date Results Received			
Date Form Received		Complete?	Yes No
Date Fees Received		Check no.	
Rebate Due:	Yes No	Amount Due	
Date: Rebate Issued		Check no.	