

# AMBCS Accounting Form 2010 Racing Season

Info Go to [www.AMBCS.com](http://www.AMBCS.com) or call 870 246 6686

<b>Race Name</b>
<b>Race Location</b>
<b>Race Date</b>
<b>Name of Individual Completing Form</b>
<b>Date of Completion</b>

**Total Number at race** \_\_\_\_\_ **X \$2.00 =** \_\_\_\_\_

**Number of Free AMBCS Youth Hard Plates issued (18 & 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			
<b>Date Results Received</b>			
<b>Date Form Received</b>		<b>Complete?</b>	<b>Yes    No</b>
<b>Date Fees Received</b>		<b>Check no.</b>	
<b>Rebate Due:</b>	<b>Yes    No</b>	<b>Amount Due</b>	
<b>Date: Rebate Issued</b>		<b>Check no.</b>	