

APL YEAR END AUDIT

THIS FORM SHOULD BE FILLED OUT AND RETURNED IMMEDIATELY

Please complete this form and mail or fax to the APL at (423) 282-4993. If you have any questions please contact us at 1-800-541-9169. Be sure to include field name.

Field Name:

Contact Person:

REPORTING PERIOD	PLAYER DAYS*
1 st Month of Operation	
2 nd Month of Operation	
3 rd Month of Operation	
4 th Month of Operation	
5 th Month of Operation	
6 th Month of Operation	
7 th Month of Operation	
8 th Month of Operation	
9 th Month of Operation	
10 th Month of Operation	
11 th Month of Operation	
12 th Month of Operation	

*Each day a player plays is on PLAYER DAY, For example:

1. The same player plays on Monday and Friday this equals 2 player days.
2. Five persons play on Saturday this is 5 player days.

Mail to: American Paintball League
P.O. Box 3561 CRS
Johnson City, TN 37602

Fax to: 1-423-282-4993