



COACH REIMBURSEMENT FORM

DATE: _____

TEAM #: _____

COACH NAME: _____

MAILING ADDRESS (for cheque): _____

EMAIL: _____

TOTAL REIMBURSEMENT AMOUNT: \$ _____

Reimbursement Requested for: - Receipts must be attached

Select Course	Date Completed	Amount
<input type="checkbox"/> Respect in Sport – Activity Leader	_____	_____
<input type="checkbox"/> Coach 1/Coach 2- Hu Online	_____	_____
<input type="checkbox"/> Coach 1- Intro to Coach (in person clinic)	_____	_____
<input type="checkbox"/> Coach 2- Coach Level (in person-clinic)	_____	_____
<input type="checkbox"/> Checking Skills- HU Online	_____	_____
<input type="checkbox"/> Checking Skills – Instructional (in person)	_____	_____
<input type="checkbox"/> Safety – Online	_____	_____
<input type="checkbox"/> Other	_____	_____
Total	_____	\$ _____

Please submit completed form along with receipts to the Administrator at seeraadmin@shaw.ca prior to March 15 of the calendar year.