



Edmonton Ringette Coach Reimbursement Form

Name: _____

Address: _____

Phone No: _____

Team Name & Number: _____

(ie, Edmonton Rush – U10-2)

Position (circle one): Coach Assistant Coach Trainer Manager

Date	Course Taken	Acquired at	Amount
			\$
Total	Paid		\$

Please attach Original receipts for all courses.

Mail to: 1566, 5328 Calgary Trail South
 Edmonton, AB.
 T6H 4J8
 Attention: Treasurer

FOR OFFICE USE ONLY:

Date Paid: _____

Chq# : _____