



SHC Reimbursement Request



COACHING CLINICS and COURSES REIMBURSEMENT REQUEST

(this form must be submitted with copies of receipts)

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE NO.: _____

TEAM COACHING: _____

(check one) HEAD COACH ASSISTANT COACH

Respect In Sport Activity Leader: \$ _____

HU Online Coach 1/2 \$ _____

Coach 1 – Intro To Coach \$ _____

Coach 2 – Coach Level \$ _____

HU Online Checking \$ _____

Coach Instructional Stream – Checking Skills 1 \$ _____

Development 1 \$ _____

Hockey Canada Safety (HCSP) \$ _____

TOTAL: \$ _____

Signature: _____

By signing this form, you confirm that you have taken the courses and completed the requirements for certification.

Please forward this completed form with a copies of the paid receipts to the Registrar at registrar@sturgeonhockeyclub.com

DEADLINE TO SUBMIT coaching receipts is December 15 of each year. NO CHEQUES WILL BE ISSUED AFTER THAT DATE.