



RICHMOND MINOR HOCKEY ASSOCIATION

P.O. BOX 94488, RICHMOND, BRITISH COLUMBIA V6Y 2V6

REFUND OF COURSE REGISTRATION FEES

FOR REIMBURSEMENT OF COURSE FEES INCLUDING COACHING CLINICS, HCSP & RESPECT-IN-SPORT
DEPOSIT COMPLETED FORM IN THE RMHA MAILBOX AT THE FORUM RINK

-----PLEASE PRINT-----

Name:	Date:
Address:	Phone:
City:	Postal Code:

COURSE COMPLETED: _____

DATE: _____

LOCATION: _____

AMOUNT: _____

PLEASE ATTACH RECEIPT AND EVIDENCE OF COMPLETION OF COURSE.
(If seeking reimbursement of Coaching Clinic registration fees, please enclose a copy of the Verification of Post-Task Completion sheet signed by an authorized RMHA official)

I verify that I have completed the above course and request RMHA reimbursement. (receipt attached)

(signature)

(For use by RMHA Treasurer only)

Cheque Amount: \$ _____ Cheque # _____ Issued: _____

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