



Cornwall Girls Hockey Association
Certification Reimbursement Claim Form
House League Only

PERSONAL INFORMATION

Name _____
Last Name First Name

Address _____ City _____

Postal Code _____ Phone _____
Home Work

Email Address _____

Team _____

Position on Team _____
(Coach, Assistant Coach, Trainer)

CLINIC INFORMATION

Type _____ Level _____ Cost \$ _____

Location _____ Date _____

Receipt and copy of certification must be attached

Submit to: CGHA Registrar
800 Seventh St. West, Box 4
Cornwall, ON K6J 0A3

OFFICE USE ONLY:

Reimbursed \$ _____ Cheque # _____ Cheque Date _____

Remarks