



Certification Reimbursement Claim Form

PERSONAL INFORMATION:

Name _____
Last Name First Name

Address _____
City _____

Postal Code _____ Phone _____

Email Address _____

Team _____

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

CLINIC INFORMATION:

Type _____ Level _____ Cost \$ _____
(Trainer or Coach or Speak Out) (Trainer or Coach only)

Location _____ Date _____

Receipt and copy of certification or Speak Out! proof of attendance must be attached.

Submit to GCGH Director of Administration amindirector@gcgh.ca
