



Kelowna Ringette Association
P.O. Box 21156, RPO Orchard Park
Kelowna, BC V1Y 9N8

COACHING EXPENSE FORM

NAME: _____ PHONE #: (____) _____

MAILING ADDRESS: _____ PC _____

TEAM NAME/DIVISION: _____ EVENT _____

COACHING EXPENSES *(Attach Receipts and Certificates)*

Please Provide Coaching# _____

Clinics and/or online courses

Coaching – Course Date \$ _____

Making Ethical Decision \$ _____

Respect in Sport \$ _____

Manager Certificate \$ _____

Equipment \$ _____

Other (please specify) _____ \$ _____

TOTAL EXPENSE CLAIM \$ _____

Applicant's Signature: _____ **DATE:** _____

FOR OFFICE USE ONLY

Regular Account Cheque # _____

Gaming Account Cheque # _____

Issue Date: _____ Approved by: _____ Posted: _____

***Please photocopy Certificates and receipts for your copy and attach the originals to this form**

****All receipts must be submitted by March 15th of the current season**