



SHC Reimbursement Request

COACHING CLINICS and COURSES REIMBURSEMENT REQUEST

(this form must be submitted with copy of receipt)

NAME: _____

MAILING
ADDRESS: _____

TEAM COACHING: _____

(check one) HEAD COACH ASSISTANT COACH

COURSE(S) TAKEN: _____

COURSE DATE(s) INCLUDING YEAR : _____

REIMBURSEMENT REQUEST 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 copy of the paid receipt and a copy of your certificate for the course to the treasurer@sturgeonhockeyclub.com

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