



SWRA Player Development Reimbursement Request Form

2024/2025

Team Name:

Requested by (Coach/Manager):

Etransfer payable to (email):

Reimbursement is intended for the instructors/clinic(s) only, not for the ice used. Reimbursement request form to be completed by the team manager or coach and submitted with any corresponding receipts to the SWRA Treasurer. The team should pay any costs up front, then request reimbursement from SWRA with this form.

Claims for the first half will be processed if received by December 31. All second half/remaining claims will be processed if received by March 31.

ITEM DESCRIPTION

AMOUNT

ITEM DESCRIPTION	AMOUNT

TotalSubmitted

Please submit this form along with receipts to treasurer@swra.ca

OFFICE USE ONLY

Total REIMBURSED:

THANK YOU!