

SAMHA Reimbursement Request



COACHING CLINICS and COURSES REIMBURSEMENT REQUEST

(this form must be submitted with copy of receipt)

NAME: _____

MAILING ADDRESS Including postal code:

TEAM COACHING: _____

Contact Information (Cell): _____

(circle 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 the email from your director approving you to take the course to developmentdirector@samha.ca

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

Approved by: _____

Date: _____

Director Signature: _____

Director Name (please print): _____