



WEST CALGARY HOUSE LEAGUE

COACH REIMBURSEMENT REQUEST FORM

Date: _____

WCHL Coach Name: _____

WCHL Team: _____

Association coach registered with: Glenlake Springbank Trails West

Mailing Address (for cheque) _____

Email: _____

Total Reimbursement amount requested: \$ _____

Reimbursement requested for:

Select Course	Receipts must be attached	Amount
Respect In Sport – Activity Leader	Date Completed:	\$
Coach 1/Coach 2 –HU-Online	Date Completed:	\$
Coach 1 – Intro to Coach (in person clinic)	Date Taken:	\$
Coach 2 – Coach Level (in person clinic)	Date Taken:	\$
Checking Skills – HU Online *must have Checking Skills in person clinic for qualification	Date Completed:	\$
Checking Skills - Instructional Stream (in person clinic) *requires Checking Skills HU Online	Date Taken:	\$
Safety	Date Completed:	\$
	Total	\$

Submit reimbursement form and receipts to applicable WCHL Age Group Coordinator to be forwarded to applicable association Administrator for reimbursement:

- U9WCHL@gmail.com
- U11WCHL@gmail.com
- U13WCHL@gmail.com

Deadline to submit reimbursement request: December 31