



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 admin@glenlakehockey.com

Deadline to submit reimbursement request: December 31