



COACH REIMBURSEMENT FORM

Date: _____

Coach Name: _____

Team: _____

Mailing Address (for cheque): _____

Email: _____

Total Reimbursement amount: \$ _____

Reimbursement requested for:

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

*Please submit completed form along with applicable receipts to the TWHHA Administrator at admin@trailswesthockey.com, prior to March 15.