



### Coach Clinic Reimbursement

Coach Name: \_\_\_\_\_ Date: \_\_\_\_\_

Team Name: \_\_\_\_\_

Cheque Payable to: \_\_\_\_\_ Total Requested: \$ \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Clinic(s) Taken (Please attach receipts):

Select Course	Receipts must be attached	Amount
Respect In Sport Coach	Date Taken:	\$
Intro Coach	Date Taken:	\$
Coach 1 – Intro To Coach	Date Taken:	\$
Coach 2 – Coach Level	Date Taken:	\$
Development 1	Date Taken:	\$
Checking Skills (Online/Classroom/On Ice)	Date Taken:	\$
Safety		
	<b>Total</b>	<b>\$</b>

**Please scan and send this completed form to [admin@glenlakehockey.com](mailto:admin@glenlakehockey.com)**

For Admin Use Only

Cheque #: \_\_\_\_\_

Cheque Date: \_\_\_\_\_



**Glenlake Minor Hockey Club**

c/o Flames Community Arenas  
2390 47<sup>th</sup> Avenue SW  
Calgary, AB T2T 5W5