



Coach Clinic Reimbursement

Coach Name: _____ Date: _____

Team Name: _____

Cheque Payable to: _____

Total Requested: \$ _____

Mailing Address: _____

Clinic(s) Taken (Please attach receipts in ONE PDF – pictures of receipts will not be accepted):

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

Please scan and submit completed form and receipts in one PDF (no pictures of receipts will be accepted) no later than December 31st .

