



Coach Clinic Reimbursement

Cheque Payable to: _____ Date: _____

Mailing Address: _____

Total Requested: \$ _____

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 Activity Leader	Date Taken:	\$
Coach Level 1/2 – Online	Date Taken:	\$
Coach Level 1 – In-class/on-ice	Date Taken:	\$
Coach 2 – In-class/on-ice	Date Taken:	\$
Checking Skills (Online/Classroom/On Ice)	Date Taken:	\$
Safety		\$
Other – Description		
	Total	\$

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