

SPYHA COACHES REIMBURSEMENT FORM

This form must be submitted with proof of USA Hockey Registration and/or proof of completion of a USA Hockey sponsored (required) coaches certification course in order for your reimbursement to be processed.

NAME: _____

TEAM: _____

Your reimbursement check will be sent to you via US mail. Please provide the address you would like us to send the check to:

Address: _____

City: _____ **State:** _____ **Zip:** _____

____ **I would like to be reimbursed for my USA Hockey Registration**

____ **I would like to be reimbursed for my USA Hockey Clinic**

Total to be reimbursed \$ _____

Signature: _____

Date: _____

Please put completed form and required documents of proof in the mail slot in the rink lobby. Thanks.

Approved: _____

Date: _____