



Niagara Jr. Purple Eagles
 Youth Hockey League
 P.O. Box 1752
 Niagara University, NY 14109

Coach's USA Hockey Reimbursement Form
For Coaching Clinic/Education (CEP) Fee,
Annual On-Line Coach's Registration Fee & Screening Fee

Coaching Group (Circle): HOUSE TRAVEL Other: _____

{Clinic Level (Circle): 1 - 2 - 3 - 4(must have prior board approval) - Other: _____

A & {Date/Location of Clinic Attended: _____

B {Coaching Card # & Level you currently have & expiry date

 Number Level Expiry

C {Annual USA Hockey On-Line Registration Confirmation #& Date: _____

D {USA Hockey Screening form confirmation #: _____

What division & team you will be coaching?

 Division Team Head Coach/Name

Participant's Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Telephone #: _____ E-Mail: _____

Reimbursement Amount: A&B-Clinic-\$ _____ C-On Line Registration-\$ _____

D-On Line Screening- \$ _____ = TOTALS \$ _____

Office Approval/Use: _____

REQUIRED FOR REIMBURSEMENT:

- 1) Fill out above information **COMPLETELY** or no reimbursement will be issued.
- 2) **Must attach** copies of the following:
 - A) Coaching card (**both front and back**) with the coaching level sticker attached.
 - B) USA Hockey Clinic registration form
 - C) Current year on-line registration confirmation (30+3=\$33.00)
 - D) USA Hockey Screening confirmation (\$13.00)
- 3) Submit these to your Division Director and they will forward them to the league treasurer for reimbursement.
 We will endeavor to process your form as quickly as possible.

Thank you for volunteering your time and talents to the NJPE organization.

