

## WYHA BOARD MEETING JANUARY 10, 2022

**Call to order:** Monday, 6:30 PM

**Attendees:** Michele Gifford, Amanda Rittel, Belinda Fortin, Chris Jones, George Marko, Jani Byers, Jeff Cline, Sabrina Pfeifer, Sean O'Reilly

**Absent:** Beth Stewart, Erin Roberts, Matt Crowley

**Approval of Prior Meeting Minutes:** George moved to approve, Jani seconded motion. Motion carried

### **Ice Center Programming and Facility Update:**

#### **Grow the Game:**

Chicken N Pickel – Try Hockey for Free approx. 34 kids total. In 2021, 28 kids transitioned from Little Thunder to WYHA. Sabrina requested \$250 to purchase helmets for older kids. We will first look for donations used equipment. Will target weekend of Feb 26-27 for Try Hockey with Valentines invite

#### **House League:**

Skills development and goalie sessions have been well attended. Power Skating sessions are going better.

#### **Communication Notes:**

#### **Apparel:**

#### **Dean of Coaches:**

#### **Marketing / Fundraising:**

The Yoder snack stick fundraiser has officially been closed; Numbers have been given to Jani and parents have been told to reach out to their team managers if wanting to use the profits for monthly fees.

5720 sticks were sold

We collected \$7168 from participants + \$29 for sticks sold for WYHA

Total dispersed to our players: \$2593.75

Total amount going to WYHA: \$398.45

Yard Signs – quote received from \$525/100 signs. Could be put out during baseball games, Try Hockey, and couple weeks before registration. Jani moved and George seconded to buy 100 yard signs. Motion carried.

Chris moved and Jani seconded to create flyers and pay \$50 to have distributed at consignment sale. Motion carried.

Sabrina presented a fundraising concept for a Sweepstakes or Raffle for “Pay my League Fees” with \$500 Visa card.

#### **Registrar:**

#### **Travel Coordinator:**

**SafeSport:** Need reminder that all players on benches must have helmets on. Reminder must have SafeSport training to be in locker room.

**Old Business:**

**New Business:**

- SafeSport Updates
  - Minor Athlete Abuse Prevention Policies (the "MAAPP").
  - Effective April 2022: requires renewal of SafeSport Training to be completed within 12 months of the prior training, as opposed to USA Hockey's previous policy of requiring training once each membership season
- KSN Good Day Kansas will be at the rink 11:00 Monday Jan 17 to interview players
- Wichita Amateur Hockey Parent Association
  - The below communication was received from the Wichita Amateur Hockey Parent Association

Michele~

Hope your week is going well. Thank you for contacting me. I am attaching the form that we use for reimbursement purposes. Feel free to let the person that is inquiring know that this is the form. They are always welcome to reach out to me as well as I will be more than happy to assist. Once the form is filled out, it will be submitted to Julie Steinbarger as she is our treasurer ([jsteinbarger@cox.net](mailto:jsteinbarger@cox.net)).

We are the Wichita Amateur Hockey Parent Association and have been in existence for quite a while. We have a group that works at Hartman Arena and are always looking for more parents to volunteer their time to earn money towards their hockey players fees and needs. Please feel free to share my email address with any parents that would like to join us as we would love it! It is a fun and fast paced place to work:)

Again, thank you!

Lisa

## Executive Session

**Treasurer:**

**SafeSport:**

One complaint has been resolved and closed

**Adjourn:**

Amanda moved to adjourn, Jani seconded motion

Wichita Amateur Hockey Parent Association  
CONCESSION REIMBURSEMENT FORM

Requestor Name \_\_\_\_\_ Players Name: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone / Cell Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Player Name \_\_\_\_\_  
Division / Team: \_\_\_\_\_

Reimbursement Request Details

Check Payable to:  Requestor  WYHA  Ice Center  
 Other If other specify: \_\_\_\_\_  
Delivery Method:  Mail to Requestor or Other  Hand Delivery  
Address to mail to if different than above: \_\_\_\_\_

Purpose of Request: (Check all that apply)

<input type="checkbox"/> Ice Fees	Amount: _____
<input type="checkbox"/> Camp / Clinic	Amount: _____
<input type="checkbox"/> Hotel/Travel Expense	Amount: _____
<input type="checkbox"/> League Fees	Amount: _____
<input type="checkbox"/> Tournament	Amount: _____
<input type="checkbox"/> Equipment	Amount: _____

Total Amount to be Reimbursed \_\_\_\_\_

Clarifying details for reimbursement:  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*All reimbursement requests must have an original receipt(s) attached for processing\*\***

WAHPA Use Only

Date of Receipt: \_\_\_\_\_ Check Number: \_\_\_\_\_  
Amount of check if different from request: \_\_\_\_\_  
Details:  Mailed to Requestor or Payee  
 Payment directly given to Requestor or Payee