



CHELSEA HOCKEY ASSOCIATION
Coaches Reimbursement Request 2024



Name: _____ E-mail: _____ CEP#: _____

Home Address: _____ Phone #: _____

Primary Team: _____ Secondary Team: _____

USA Hockey Coaching Education Program Costs

	USA Hockey + Affiliate Fee	\$56		Background Check	\$30
	Level 1 Clinic	\$60		8U Module	\$20
	Level 2 Clinic	\$60		10U Module	\$20
	Level 3 Clinic	\$60		12U Module	\$20
	Level 4 Clinic	\$60		13+ Module	\$20
	Other:				\$

Total Reimbursement: \$ _____ **Date:** _____

Thank you for volunteering your time to the CHA program as coaches. We could not run our program without your dedication to the kids. You don't have to be a parent to coach; please consider staying with our program or reaching out to others who may be interested in participating in the CHA. THANK YOU!

Policy & Procedures for Reimbursement

1. Check item(s) required for this season and attach email with confirmation of completion.
2. Submit only one request for reimbursement per season.
3. Put completed form in the CHA dropbox (by the front desk) or e-mail to:
finance@chelseahockey.org
4. Reimbursement can be by (1) check, (2) e-payment by email or (3) ACH transfer.
5. Reimbursement is only for *required* training based on the teams you are on rostered with.
6. Reimbursement is only for certified CHA coaches with a current CEP#