

**Coach and Team Managers Reimbursement Request:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Date: \_\_\_\_\_

Level(s): \_\_\_\_\_

**Itemized Details:**

**Reimbursement Amount:**

USA Hockey Registration: \_\_\_\_\_

Background Screening: \_\_\_\_\_

Age Specific Module: \_\_\_\_\_

Coaching Clinic Level 1 Certification: \_\_\_\_\_

Coaching Clinic Level 2 Certification: \_\_\_\_\_

Coaching Clinic Level 3 Certification: \_\_\_\_\_

Coaching Clinic Level 3 Recertification: \_\_\_\_\_

Coaching Clinic Level 4 Certification: \_\_\_\_\_

Other, please identify: \_\_\_\_\_

Other, please identify: \_\_\_\_\_

Other, please identify: \_\_\_\_\_

Other, please identify: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Please provide a scanned copy of this sheet and all applicable receipts and send to **both Tony Iverson**, Director of Hockey Operations ([tiverson38@gmail.com](mailto:tiverson38@gmail.com)) and Zach Raff, MYHA Treasurer ([raff.zach@gmail.com](mailto:raff.zach@gmail.com)). By signing below, I do hereby certify I have completed the requirements and all this information is correct, accurate and the amounts due to me are all valid.

Signature: \_\_\_\_\_

Approval: \_\_\_\_\_