

Sylvania Tam-O-Shanter/Sylvania North Stars Coach/Manager Reimbursement Form

Please attach your receipts for the expenses that you incur and we will reimburse you (based on percentages listed below). This form must be turned in to Mike Mankowski or Mark Waddell to receive your reimbursements. YOU MUST HAVE ORIGINAL OR COPY OF BILL OR INVOICE ATTACHED!

Coaches seeking reimbursement of expenses related to attending the Level 4 clinic must be pre-approved by the hockey office.

Coach/Manager Name:

Team Name:

Level/Division:

A.)USA Individual Membership Registration (100%)

Receipt is attached Amt. paid: _____

B.)Mid-American Hockey Volunteer Background Screening (50%)

Receipt is attached Amt. paid: _____

C.)USA Hockey CEP Coaching Clinic (50%)

Receipt is attached Amt. paid: _____

D.)USA Hockey Online Age-Specific Module (100%)

Receipt is attached Amt. paid: _____

E.)Other (Description):

Receipt is attached Amt. paid: _____

Total Amt. paid to be reimbursed: _____

Signed By: _____

Date: _____