

St. Catharines CYO Minor Hockey Clinic Reimbursement Form

NOTE – THERE IS A LIMITED AMOUNT OF FUNDING AVAILABLE FOR REIMBURSEMENT, APPLICATIONS ARE RECEIVED ON A FIRST COME BASIS. THIS APPLICATION DOES NOT GUARANTEE REIMBURSEMENT.

Clinic Date: _____

Clinic (circle one) Coach Trainer Trainer Recert Respect in Sport

Clinic Method (circle one) In Class On-Line

Name _____

Address _____

City _____ Postal Code _____

Phone Number _____

I will be coaching (circle) Mite Tyke Novice Atom Peewee Bantam Midget Juvenile Heat

I will be coaching at (circle parish) St .Alfred's St. Denis St. Julia's St. Mary's

St. Patrick's SOTS IC MD

Please (circle one) Leave in Office for Me to Pick up Mail

Date Received by Office _____ By _____

Confirmation of Payment _____

Confirmation of Completion _____

Confirmation by Parish Leader _____

Reimbursed Cheque # _____ Cheque Amount _____

Date Processed _____

Signature of Treasurer _____