



# Chedoke Minor Hockey League

Community, Fair Play, Recreation  
Est. 1994

## REIMBURSEMENT FORM

Name			
Address			
City		Postal code	
Phone			
Email address			

Please reimburse me for the following	Amount
<input type="checkbox"/> Police Check	
<input type="checkbox"/> Respect in Sport	
<input type="checkbox"/> Coaching Clinic	
<input type="checkbox"/> Trainer Clinic	
<input type="checkbox"/> Other, specify _____	
<b>TOTAL</b>	

### REIMBURSEMENT POLICY

- You must complete this form to receive a reimbursement.
- Your cheque will be mailed to you. Please allow a minimum of 3 weeks.
- Your receipt must be attached
- If reimbursement is for a police check, a copy of the completed check must be attached
- We do not require copies of proof of coaching certifications

FOR OFFICE USE ONLY			
DATE RECEIVED	AMOUNT	CHEQUE NUMBER	AMOUNT

