Coaches Tuition / Course Reimbursement Form



All forms must be submitted to the Director of Coaches, Jamie Sasenbury, at jsasenbury@syracusecadets.com .

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| Name |
| Address |
| Email Phone  |
| \*USA Hockey CEP# Level Expiration Date |

\*Do Not Require CEP# for First time/New Coaches

Reimbursement Request for Completed Course

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| --- |
| Course Title |
| Date of Course |
| Location |
| Fees/Cost $ |
| Additional Request ExplainFees/Cost $ |

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| --- |
| Total Request Amount $ |

I understand that I am responsible for timely course payment and registration. I am responsible for any fees associated with late registration, canceled, or dropped courses. All reimbursements are based on class/course full completion and a passing grade.

Reimbursements will not be initiated until I have submitted this form with copies of required payment receipts and class/course certificate of completion.

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| Signature Date |