



**Perinton Youth Hockey
USA Hockey CEP Reimbursement Form**

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: (H) _____ (W) _____

E-Mail: _____

PYH Team Coaching: _____

Checkmark: Head Coach: _____ Assistant Coach: _____

Current USA Hockey CEP Level: _____

Level(s)/Clinics Attending: _____

Clinic Location: _____

Clinic Date: _____

Amount for Reimbursement: _____ (attach receipts)

PYH Use Only:

Application Received By: _____ Date: _____

Amount Approved: _____

Approved By: _____

Return form to the ACE Coordinator for payment – INCLUDE Reimbursement Amount and updated copy of USA Hockey CEP card (front/back).