

AMHERST YOUTH HOCKEY

COACHES REIMBURSEMENT REQUEST

Amherst Youth Hockey reimburses coaches for USA Hockey Coaching Registration, USA Hockey Coaching Clinics and Modules, and NYS Screening.

To receive reimbursement for coaching fees, modules, clinics and screening, complete this form, attach the required documentation and send to:

Amherst Youth Hockey
Att: Peter Kneis
336 Sherbrooke Ave.
Williamsville NY 14221

PLEASE DO NOT EMAIL THIS FORM

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____

Email Address: _____
(Needed if we have to contact you for more information)

Team you are coaching _____
(House or Travel, Age Level, Team Name)

			TOTAL
USA Hockey Registration 2016-2017	\$43	5208	\$ _____
(attach USA Hockey Reg Receipt/Confirmation #)		5209	
NYS Screening (Screening is required every two years)	\$25.50	5207	\$ _____
(attach receipt)			
USA Hockey Coaching Clinics			
Level _____		5202	\$ _____
(attach receipt from clinic showing amount paid)		5201	
USA Coaching Modules			
Module Age Level _____		5205	\$ _____
(attach receipt from USA Hockey)			
Total Amount Due			\$ _____