

SPYLC COACHES REIMBURSEMENT FORM

This form must be submitted with proof of US Lacrosse Registration and/or proof of completion of a US Lacrosse sponsored (required) coaches certification course in order for your reimbursement to be processed. (Please be sure to attach receipts)

NAME: _____

TEAM: _____

Your reimbursement check will be sent to you via US mail. Please provide the address you would like us to send the check to:

Address: _____

City: _____ **State:** _____ **Zip:** _____

____ I would like to be reimbursed for my US Lacrosse Annual Membership

____ I would like to be reimbursed for my US Lacrosse Clinic/Training

____ I would like to be reimbursed for _____

Total to be reimbursed \$ _____

Signature: _____

Date: _____

Please Mail or hand deliver to Stacy O'Hearn. Thanks.

Approved: _____

Date: _____