

**Smiths Falls Minor Hockey Association
PO Box 693
Smiths Falls, Ontario K7A 4T6**



Request for Reimbursement of Coach/Trainer Courses Fees

Name: _____

Phone Number / Email: _____

Course Taken: _____

Location of Course: _____

Course Registration Fee: \$ _____

I plan to utilize this course with SMFHA this season with:

Team Name: _____ Division: _____

Reimbursement Cheque Information

Cheque Payable to: _____

Address: _____

Signature: _____

Date: _____

Submit this completed and signed form along with a copy of your registration receipt (showing amount paid) and your coach/trainer certificate to the SFMHA mailbox to the attention of the Treasurer. Information can also be sent via email to the treasurer at ericanicholson@aol.com