



PERTH LANARK MINOR HOCKEY ASSOCIATION

REQUEST FOR REIMBURSEMENT FORM

20__ - 20__ Season

Coaching clinics will only be reimbursed to applicants who have been approved by the PLMHA President or Division VP prior to taking a course. (Refer to PLMHA Regulation 12 – Clinics and the PLMHA Coaching Clinic Reimbursement Policy)

Name of Applicant:			
Address of Applicant:			
Email or Phone Number:			
Course(s) Taken/Date:	1.	3.	
	2.	4.	
Course Location:			
Course Registration Fees	1.	3.	
	2.	4.	
Post Task Required:	() YES	() NO	
Post Task Completed:	() YES	() NO	() N/A
I plan to utilize the above named courses, with PLMHA for this season with:			
Division and Team Name:			
Applicant Signature:			
PLMHA VP Approval (Signature)			
Reimbursement Cheque Information:			
Approved for Reimbursement	() YES	() NO	
Cheque Payable to:			
Cheque #:			
Date of Reimbursement:			
Signature (PLMHA Treasurer)			

Send the completed and signed form **along with a copy of your registration receipts (showing amount paid)** to the Division VP or Registrar whom will forward to the PLMHA Treasurer either:

- By email (appropriate email address can be found on the PLMHA website)
- By mail to: PLMHA PO Box 441 Station Main, Perth, ON K7H 3G1
- Drop it off in the wooden box, at the Perth arena to the attention of the appropriate Division VP or Registrar.