



Team Official Reimbursement Form

Name of the Official Requesting Reimbursement: _____

The Team Name (ie. Minor Bantam AA): _____

Role of the Team Official (ie. Coach, Trainer): _____

Name of course taken and date: _____

Amount to be reimbursed: _____

Mail cheque to this address:

Please forward this completed form to:

registrar@ancasterminorhockey.com and treasurer@ancasterminorhockey.com .

> **Attach a copy of the receipt**

> **Attach a copy of the OMHA certification verifying completion of the course**