

Guelph Girls Hockey Association
Clinic Reimbursement Form



Name: _____

Address: _____

City: _____ Postal code: _____

Phone: _____ Email: _____

2009/10 GGHA Team you are are assisting: _____

Position on team: Coach Asst Coach Trainer Manager

Clinic: _____ Certification #: _____

Location: _____ Date: _____ Cost (include receipt): \$ _____

Clinic: _____ Certification #: _____

Location: _____ Date: _____ Cost (include receipt): \$ _____

Instructions: Please complete this form and include receipts for each clinic attended. Reimbursement rates are listed on the GGHA website at www.ggha.com/teamstaff. Mail form & receipts to the address below. Allow 5-6 weeks for payment.

Guelph Girls Hockey Association
ATTN: Clinic Reimbursements
100 Crimea Street, Unit B2
Guelph ON N1H 2Y6

GGHA Use Only:

Approved by: _____ Date : _____ Amount: \$ _____

Cheque issued by: _____ Date : _____

Volunteer information updated by: _____ Date : _____