



Coaching/Manager Reimbursement Form

Name: _____

Current Team: _____

Head Coach ____ Assistant Coach ____ Practice Coach ____ Manager ____

Requesting reimbursement for:

USA Hockey Registration \$ _____

USA Hockey Coaching Clinic \$ _____

USA Hockey Age-Specific Module \$ _____

Background Screen \$ _____

TOTAL REIMBURSEMENT REQUESTED \$ _____

Please attach receipts or other documentation and mail to PIYH, P.O. Box 161, Presque Isle, ME, 04769 or email to piyhpresident@gmail.com. Retain copies for your records. Reimbursements are typically made after the completion of the full season of coaching for coaches in good standing with the organization.