Nepean Girls Hockey Association
Certification Reimbursement Claim Form
For Trainer or Coach ONLY

PERSONAL INFORMATION:

Name _____ _____
Last Name First Nane

Address _____ **City** _____

Postal Code _____ **Phone** _____ _____
Home Work

Email Address _____

Team _____

Position on team _____
(Coach, Assistant Coach, Trainer)

CLINIC INFORMATION:

Type _____ **Level** _____ **Cost $** _____
(Trainer or Coach!)

Location _____ **Date** _____

Receipt and copy of certification must be attached

Submit to NGHA Registrar
Joanne Erbach
19 Wycliffe Street
Ottawa ON K2G 5M1
tel: 613-727-3564
email: registration@ngha.ca

OFFICE USE ONLY:

Reimbursed $ _____ **Cheque #** _____ **Cheque Date**_____

Remarks: