Southwest Hockey Association - Coach Reimbursement Form 2024 - 2025

Coach Name			
Coach Email			
Place an 'X'	Parent Coach	Non-Parent Coach	
Current Team(s)			
Address/Postal Code			



Coaches MUST HAVE a valid Police Information Check (PIC) ON FILE, in order to submit this reimbursement form.

Coaches registered on the Hockey Canada Official Roster for the current season will be reimbursed 100% of the fees associated with required certifications; so long as the following criteria has been met:

\bigcirc	They are <u>required</u> certification(s) for the division(s) you are coaching in	(They are dated for the current season
\bigcirc	2-Part Certifications are BOTH completed*	(Reimbursement Form submitted between: November 1, 2024 and March 15, 2025
\bigcirc	ONE form Per Coach, Per Season	8	Proof of Payment / Receipt(s) are included

Submissions / Payment:

- 1) Scan this Reimbursement Form and applicable receipts to: admin@southwesthockey.ca
- 2) Approved submissions received between the 1st & the 20th can anticipate reimbursement on the 15th of the following month. Submissions outside these dates, may be extended by a month.
- 3) Coaches will be notified when their reimbursement is ready. Pick up will be at Cardel Guest Services.
- 4) Cheques not picked up by April 15, 2025 may be returned to Southwest Hockey, and cancelled.

A VALID PIC is on file with SW Hockey?	Yes	No	
NOTE: There is no cost to submit a PIC, as long as the app	proved Assoc	iation process is follower	ed.

Eligible Certifications		Eligible Division	Date Completed	Receipt Included	Certification Cost	
Online	Respect in Sport – Activity Leader		All			
Online	HCAN Safety – Hockey University		All			
*Part 1	Online	Coach 1 / Coach 2 Hockey University Never expires. Only complete once	AII			
*Part 2	Classroom	Coach 1 – Intro to Coach	U7 & U9			
*Part 2	Classroom	Coach 2 - Coach Level	U11 to U18			
*Part 1	Online	Checking – Hockey University	U11 to U18			
*Part 2	Classroom	Checking	U11 to U18			
Hockey Calgary Coach Day (attendance to be confirmed) All						
Total Requested Amount for Reimbursement:			\$			

Form subject to approval. Partial certifications will NOT be reimbursed. Incomplete forms may not be processed

I acknowledge the a	bove reimbursement process in order for my submission to be conside	ered;
Coach Signature: _	Date:	

