

Coaching Clinic Reimbursement Form



Head and assistant coaches who have taken NCCP coaching clinics and paid for their fees, can complete the following information to have these fees reimbursed.

Coaches Information			
Name			
Address		City	
Postal Code		Phone	

Coaching Course # 1	
Course name	
Date of clinic	
Fee paid	
Receipt included	<input type="checkbox"/> Yes <input type="checkbox"/> No

Coaching Course # 2	
Course name	
Date of clinic	
Fee paid	
Receipt included	<input type="checkbox"/> Yes <input type="checkbox"/> No

Coaching Course #3	
Course name	
Date of clinic	
Fee paid	
Receipt included	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mail the reimbursement form and accompanying receipts to:
Sask Five Giants Association
c/o Treasurer
Box 2288 Martensville SK S0K 2T0

Upon receipt, a cheque will be written and mailed to the coach's address as completed above.