

USA Hockey Coaches Registration & Clinic Reimbursement Form



Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Age Division(s) You're planning on coaching:
(Please check all that apply.)

- Mites
- Squirts
- Peewees
- Bantam
- Midgets
- Girls

Amount requested for reimbursement for registering with USA Hockey \$ _____

Amount requested for reimbursement for attending a coaches clinic \$ _____

TOTAL \$ _____

Signature _____ Date _____

Please mail this form along with a copy of your USA Hockey Confirmation Receipt to:

**Idaho Falls Youth Hockey Association
Attn: Treasurer
PO Box 1592
Idaho Falls, ID 83403-1592**

Please allow 3-4 weeks for the reimbursement check to be mailed back to you. Request should be mailed by Dec. 31st. For question please contact the Association's Treasurer at treasurer@ifyha.org