



AMHERST YOUTH HOCKEY

COACHES REIMBURSEMENT REQUEST

Amherst Youth Hockey reimburses coaches for USA Hockey Coaching Registration, USA Hockey Coaching Clinics and Modules, and NYS Screening.

To receive reimbursement for coaching fees, modules, clinics, and screening, complete this form, attach the required documentation and send or email to:

Amherst Youth Hockey
Attn: AYH Treasurer
PO Box 411
Williamsville, NY 14231

or ayhtreasurerpk@gmail.com

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

(Needed contact you for more information, if necessary)

Team you are coaching _____

(House or Travel, Age Level, Team Name)

USA Hockey Registration Year: _____

(Attach USA Hockey Reg Receipt/Confirmation #)

\$ _____

NYS Screening (Screening is required every two years)

(Attach receipt)

\$ _____

USA Hockey Coaching Clinics – Level _____

(Attach receipt from clinic showing amount paid)

\$ _____

USA Coaching Modules - Module Age Level _____

(Attach receipt from USA Hockey)

\$ _____

Total Amount Owed

\$ _____