



**Carleton Place Minor Hockey Association
Request for Training**

In order to receive reimbursement for training, this form must be completed and approved prior to taking the course. Upon completion and passing of the course, put this form and the original course receipt in the Treasurer's mail slot at the arena.

Please print:

Name:
Phone:
E-mail:
Mailing Address:
Postal Code:
Division and Team:
Position held on team:
Course (ie. Coaching, Trainers, Referee):
Course Level (ie. Level 1, 2, 3):
Date of Course:
Location of Course:
Signature:
Date:

Give this form to your convenor who will obtain the necessary approval.

Request approved:
Request for refund denied – reason:
Signature:
Date:

For Treasurer's Use Only

<i>Date received:</i>
<i>Course passed:</i>
<i>Refund amount: \$</i>
<i>Cheque #:</i>
<i>Date Issued:</i>