



## Certification Reimbursement Claim Form

### Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_  
Home Work

Email Address \_\_\_\_\_

Team \_\_\_\_\_

Position on Team \_\_\_\_\_  
*Coach, Assistant Coach, Trainer etc.*

### Clinic Information

Type \_\_\_\_\_ Level \_\_\_\_\_ Cost \$ \_\_\_\_\_  
*Trainer/Coach/Speak Out Trainer or Coach Only*

Location \_\_\_\_\_ Date \_\_\_\_\_

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#### Receipt and copy of certification must be attached

Submit to **WGMHA Treasurer**  
**Suite 100, RIM Park**  
**2001 University Avenue East**  
**Waterloo, Ontario**  
**N2K 2K4**

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#### OFFICE USE ONLY:

Reimbursed \$ \_\_\_\_\_ Cheque # \_\_\_\_\_ Cheque Date \_\_\_\_\_

Remarks: