



Certification & VSC Reimburesment Form

NAME _____

EMAIL ADDRESS _____

LEAGUE	H/L <input type="checkbox"/>	REP <input type="checkbox"/>	RS <input type="checkbox"/>		
DIVISION	U7 <input type="checkbox"/>	U8 <input type="checkbox"/>	U9 <input type="checkbox"/>	U10 <input type="checkbox"/>	U11 <input type="checkbox"/>
	U12 <input type="checkbox"/>	U13 <input type="checkbox"/>	U14 <input type="checkbox"/>	U15 <input type="checkbox"/>	U16 <input type="checkbox"/>
	U18 <input type="checkbox"/>	U21 <input type="checkbox"/>			
CATEGORY	AA <input type="checkbox"/>	A <input type="checkbox"/>	BB <input type="checkbox"/>	MD <input type="checkbox"/>	
	RS <input type="checkbox"/>	HL <input type="checkbox"/>			
POSITION	COACH <input type="checkbox"/>	A/COACH <input type="checkbox"/>	TRAINER <input type="checkbox"/>	MANAGER <input type="checkbox"/>	CONVENOR <input type="checkbox"/>
	ON-ICE VOLUNTEER <input type="checkbox"/>		OFF-ICE VOLUNTEER <input type="checkbox"/>		

COURSE/VSC	DATE	FEE
TOTAL REIMBURSEMENT		

The original VSC must be on file in the WSMHA office in order to reimburse fees. Pictures and photocopies will not be accepted. Only the minimum certifications required for your rostered position will be reimbursed. Receipts for fees must be attached. Completion of courses will be verified in the Hockey Canada Registry (HCR) system. One cheque for all courses/VSC will be issued.

I herby certify that I incurred the above listed expenses in the course of my duties as a volunteer for the WSMHA. I have attached all receipts or copies.

SIGNATURE _____

DATE _____