

## BHSA Reimbursement Form

Season: \_\_\_\_\_  
(Please attach receipts if applicable)

Team: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Reason for reimbursement: \_\_\_\_\_

### If Make-up:

Original Game Date: \_\_\_\_\_  
Make-up Date: \_\_\_\_\_  
Opponent: \_\_\_\_\_

### Reimbursement Information:

Referee Fee Paid \$ \_\_\_\_\_  
Timekeeper Fee Paid \$ \_\_\_\_\_  
Coaching Clinic: \$ \_\_\_\_\_ Level: \_\_\_\_\_  
USA Hockey Registration: \$ \_\_\_\_\_  
Other (please describe) \$ \_\_\_\_\_

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Total Reimbursement: \$ \_\_\_\_\_

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For BHSA Use Only

Date Paid: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_