

NCYH Coaching Credit Submission Form

Coach Name: _____

Player Name (to apply credit to): _____

Itemized Reimbursement Request

Item	Description / Course Info	Amount Paid	Date Completed
Background Check		\$_____	_____
Age-Specific Module (e.g., 10U, 12U, etc.)		\$_____	_____
CEP Level Course (Level ___)		\$_____	_____
Other (please specify): _____		\$_____	_____

Total Reimbursement Requested: \$_____

Submission Instructions:

Please email this completed form and all supporting documents (receipts are required for reimbursement).