**Reimbursement/Check Request Form**

Instructions: complete and submit this form to [thunderbirdyouthhockey@gmail.com](http://thunderbirdyouthhockey@gmail.com/) or mail to TYH at PO Box 207, Baraboo WI 53913

Please provide a copy of the receipt or forward payment information

| **Name/ Make check payable to:** | **Date:** |
| --- | --- |
| **Address:** |

Check all that apply for reimbursement:

USA Registration: \_\_\_\_\_

Coaching Clinic: \_\_\_\_\_

Online Module:\_\_\_\_\_

Tournament Fees:\_\_\_\_\_\_

Other (please list):\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date