

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, confirmation emails, certificates) to Kim Stolz at Hockey@ncyh.org.

Email Subject Line:

Please title your email subject as **“Coaching Certification Reimbursement – [Your Name]”**.

Coaching credits will be applied to player accounts no later than December 1.