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| --- | --- |
|  | **ROCHESTER JR. AMERICANS****Coaches’ & Managers’ Reimbursement Form****2024- 2025 Season** |

**(Please print)**

|  |  |
| --- | --- |
| Name |  |
| Team |  |
| Address |  |
| City, State, Zip |  |

If a coach is requesting reimbursement, **all supporting documentation must be provided** (except for USAH Registration) and the coach must be up to date with his/her USAH Registration, current module, screening, SafeSport certification, and CEP Level. **If any one of these items has not been completed, there will be NO reimbursement for any items.**

Please note: Coaches may choose not to request reimbursement on any given item(s). Those items may then be tax deductible. Please consult your tax preparer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Level & Date** | **Reimburse?** |  | **Amount** |
| USAH Reg. | n/a | **Yes / No** | Not for Managers –cross out | **$ 58.00** |
| Module |   | **Yes / No** |  | **$** |
| Screening |   | **Yes / No** |  | **$** |
| CEP Level |   | **Yes / No** |  | **$**  |
|  |  |  | **TOTAL DUE** | **$** |

All checks will be issued after 1/15/25.

PLEASE RETURN THIS FORM and supporting documentation NO LATER THAN JANUARY 15, 2025 to:

**Nedra Miller** **NedraLMiller@gmail.com**(email preferred)

or mail to PYH

P. O. Box 1001

Fairport, NY 14450