



Kanata Minor Hockey Association

Clinic/Certification Refund Form

100 Walter Baker Place
 Box 3, Kanata, ON, K2V 1A2
 info@kmha.ca
 (p) 613-831-7051
 (f) 613-831-7197

Please note the following:

- Drop off, fax or email completed form to the KMHA Office

Please complete the following:

Personal Information:

First Name:		Last Name:	
Address:			
City/Town:	Province:	Postal Code:	
Telephone:	Cell:	Email:	

Team Name:
Position:
<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Trainer <input type="checkbox"/> Manager <input type="checkbox"/> Other

Clinic Information:

Certification #	Cost	Type	Level	Location	Date
		<input type="checkbox"/> Coach <input type="checkbox"/> Speak Out <input type="checkbox"/> Trainer			

 Signature Date

KMHA OFFICE USE ONLY

Reimbursed Amount	Cheque #	Date

Approved by:

 Signature – Development Coordinator Date

 Signature – VP Finance and Administration Date