



1544 Foster Street, White Rock, BC, V4B 3X8

P: 604.385.1842 **W:** semihockey.ca **E:** admin@semihockey.ca

Goalie Training Reimbursement Instructions

Semiahmoo Minor Hockey Association will reimburse up to \$250 of goalie training each season if the following requirements are met:

- Your child is a full-time goalie for the current season,
- Your child uses their own goalie gear (not SEMI owned gear),
- Your child's external goalie training took place between September 1st and March 30th of the current season,
- Your goaltender did not take part in any free goalie training put on through the association,
- You can provide detailed receipts of training – including dates that the training took place,
- Your goaltender is a member in good standing with SEMI Hockey, PCAHA & BC Hockey.

If you meet the requirements, please fill out the below form.

If you have any questions, please contact us.

Thank you,

A handwritten signature in blue ink, appearing to read "Andrew Grieve". The signature is fluid and cursive, with a large initial "A" and "G".

Andrew Grieve | President



1544 Foster Street, White Rock, BC, V4B 3X8

P: 604.385.1842 **W:** semihockey.ca **E:** admin@semihockey.ca

**** Note: SMHA cannot issue a reimbursement cheque without this form filled out in full and your payment receipt attached. Maximum allowable rebate per season is \$250.00****
Reimbursement MUST be sent to admin@semihockey.ca or dropped off to office no later than April 30th of the current season.

Player Name:	Cheque payable to:
Player Team:	Phone number:
Date:	Address:

Requirement	Yes/No	Must provide additional information
Is your player a full-time goalie?		
Do you use your own personally purchased equipment?		
Do you use SEMI owned goalie equipment?		
Did the goalie instruction take place between Sept 1 st – Mar 30 th of the current season? Please specify dates.		
Did the goalie attend any free goalie clinics/training put on by SEMI Hockey this season?		
What is the amount of the external training that you paid for? (attach receipt)	\$	
TOTAL ALLOWABLE REBATE	\$250.00	

Signature of person/parent requesting refund: _____

If request is not approved, Executive Member's explanation _____
