

HOPKINTON YOUTH SOCCER
Request for Course/Certification Reimbursement

Name of person who took the course: _____

Address: _____

Phone: _____ e-mail: _____

D.O.B. _____ Current Age: _____ School Grade: _____

Name of Course (i.e. coach level E) _____

Location: _____ Date: _____ Did you pass the test? Y N

Course Fee Amount: _____ (late fees are not reimbursed)

Other Amount Requested: _____ explain:

Total Amount Requested: _____

Please write clearly the name and address of the person to whom the reimbursement check should be made out to (or same as above):

HYS will reimburse coaches for initial certification course fees, annual recertification fees and annual national fees assessed for certification, if the person passes the test, and has started to actively work for Hopkinton Youth Soccer. By signing below, you are certifying that you took the course and paid the fees as described above, and you agree to work for HYS in the coming year.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian (if under 18) _____

Please mail to HYS PO Box 69 Hopkinton, MA 01748
Office Phone: 508-435-5523