



**RAS HIGH PERFORMANCE PROGRAM USEAGE AND REIMBURSEMENT FORM**

Team Name: \_\_\_\_\_ Level: \_\_\_\_\_

Coaches Name: \_\_\_\_\_

Reimbursement to be sent to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Staff Position: \_\_\_\_\_

COMPONENTS	NUTRITION TRAINING	MENTAL TRAINING	EXERCISE TRAINING	POWER SKATING
DATES				
FACILITY USED				
INSTRUCTOR (S)				
WAS TESTING DONE				
EXPENSESES OCURRED				
RECEIPT AMOUNT				
COMMENTS				

#of receipts sent: \_\_\_\_\_ Reimbursement Requested: \$ \_\_\_\_\_

Signature of Coach/Manager: \_\_\_\_\_

Date: \_\_\_\_\_