



Markham Waxers

**Certification and PVSC Reimbursement Form**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

(including postal code) \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Team \_\_\_\_\_

Position (circle)      Head Coach      Assistant Coach      Trainer      Manager

Course / PVSC	Date Completed	Fee
Total Fees		

The original PVSC must be on file in the Waxers office to reimburse fees.

Only certifications required for your rostered position will be reimbursed. Receipt for fees must be attached. Completion will be verified in the Hockey Canada Registration (HCR) system.

I hereby certify that I incurred the listed expenses in the course of my duties as a volunteer for the Markham Waxers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Waxers Admin Use Only

Date received \_\_\_\_\_ Original PVSC on file? Yes No

HCR verified on \_\_\_\_\_ by \_\_\_\_\_