

NYHA Professional Training Reimbursement For Expenses

Coach:

Team:

Division (Mite, Squirt, etc):

Reimbursement Check Payable To:

Training Information (please provide all relevant information):

Performed By	Date / Time	Cost
Total Costs to be Reimbursed		\$

Training Evaluation:

(a) Please rate the trainer on a 1-10 scale (1=very poor; 10=exceptional)

(b) Would you recommend the use of the trainer?

(c) Was the cost of the training appropriate for the service?

Rating (a)	Recommend? (b)	Cost Appropriate? (c)

(d) Please provide comments (positive/negative).

(e) Did the trainer address the specific area of skill development?

(f) Did the trainer address the specific area of team play? (does not apply to goalie coaches)

(g) As a coach did you get something out of the training that you could incorporate into future practice sessions? Please specify.

(h) Would you use this trainer again? yes ☐ no ☐

*** Form to be submitted to Kosta Vrahnos at the NYHA for reimbursement ***

Contact info: kvrahnos@noviyouthhockey.org