Lutherville Lacrosse Coach USA Lacrosse Reimbursement Form

Coaches Name:	(please print clearly)
☐ Boys ☐ Girls ☐ Both	
□ 3-4 □ 5-6 □ 7-8 □ 9-10 □ 11-12 □ 13-2	14 □ Club
Years coached: \square New to coaching \square 1-3 yrs. \square	4-6 yrs. \square 7-10 yrs. \square > 10 yrs.
Complete Address for reimbursement check to be se	nt:
Lutherville Lacrosse currently reimburses for USA Lac Certification if you have a child registered to play and REIMBURSE ONCE YOU HAVE COMPLETED ALL REQU CERTIFICATE.	d/or a registered coach at LTRC. WE WILL ONLY
I am requesting reimbursement for:	
\square USA Lacrosse Membership or Renewal (must be s	ubmitted with Completion Certificate or Transcript)
☐ USA Bronze Certification	
☐ USA Silver Certification	
\square USA Gold Certification	
I have attached the following in order to get reimbur	<u>sed:</u>
\square Copy of Completion Certificate from USA Lacross	2
$\hfill\Box$ Proof of payment (in the form of a receipt from U	SA Lacrosse)
Please submit reimbursement requests to: Info.luth	ervillelax@gmail.com
Reimbursement checks take between 4 and 6 weeks	
All reimbursement requests for the current year must be submitted by June 15 of that year.	