



Y.A.Y.S.L

COACH'S COURSE REIMBURSEMENT

NAME _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ PHONE _____

CLASS LOCATION _____

CLASS DATE _____ AMOUNT PAID _____

CLASS LEVEL (MODULE 1/ MODULE 2 / D) _____

COMMUNITY YOU PLAN TO COACH IN _____

License level _____ License # _____

**** A COPY OF YOUR COACH'S LICENSE MUST BE ATTACHED TO THIS FORM OR YOU WILL NOT BE REIMBURSED**

APPROVED _____ DISAPPROVED _____

LEAGUE REP _____