



FSC RE-IMBURSEMENT FORM

Name: _____

Address: _____

Phone: _____

Mail to:

Fairport Soccer Club
PO Box 903
Fairport, NY 14450
Attention: Steve Stokes

LICENSING

COACHES CLINIC

GOAL KEEPERS EQUIPMENT
(\$50 MAX PER TEAM, U12 AND OLDER)

GUEST COACH

OTHER

Please include a receipt or copy of certificate for licensing, clinics or goal keeping equipment.

Licensing or Clinic:

Date: _____

Head Coach Name: _____

Team Gender/Age/Name: _____

License or Clinic: _____

\$ Amount: _____

For Guest Coaching:

Date: _____

Head Coach name: _____

Team gender/age/name: _____

Additional teams Attending: _____

Guest Coach Topic: _____

Guest Coach Name: _____

\$ Amount: _____

Guest Coach signature: _____

Other:

Date: _____

Head Coach Name: _____

Team Gender/Age/Name: _____

\$ Amount: _____