



Ohio Travel Soccer League

Coaches Education Reimbursement Form

Communities will be reimbursed up to the cost of license with a \$150.00 maximum for D Licenses

Community: _____

Age/Division: _____

Coach: _____

Approved by Name of Community Rep: _____

Reimbursement goes to: (circle one) Community/ Coach

Address for reimbursement:

Name: _____

Street: _____

City, Zip: _____

Phone Number: _____

Email Address: _____

RECEIPT and LICENSE MUST BE ATTACHED

Request for reimbursement must be submitted within the same fiscal year the course was taken. The OHTSL fiscal year runs from August 1-July 31.

Email all necessary documents to

OHTSL DOC Marcie Schwartz at:

DOC@OHTSL.COM