Ontario Minor Hockey Association
25 Brodie Drive, Unit 3, Richmond Hill, Ontario, L4B 3K7
Tel: 905-780-OMHA (6642) Fax: 905-780-0344
Go to the net at: www.omha.net · E-mail: omha@omha.net

2009/2010 INSURANCE & ASSESSMENT RECONCILIATION FORM

Please remit to the OMHA office by January 31, 2010

Date	
Centre	
Form Completed By (Please Print)	
Address	
Apartment #	
City/Town/Postal Code	
Home Telephone	Area Code ( )
Business Telephone	Area Code ( ) Ext.
Fax	
E-Mail Address	

Insured Participants	**Number**	**Cost**	**Total**
Players/Team Officials (includes all registered Rep and House League players as well as all registered coaches, managers and trainers)		**x $17.44** (represents the insurance premium amount only)	
Players/Team Officials (Same count as above) (OMHA, OHF, HC Assessments)		**x $16.85** (represents total of all assessments)	
TOTAL			

Total Insurance Paid **(as per invoice)**	Total Amount **(as per Insurance Reconciliation Form)**
$	$

Refund	**Remittance**
$	$

All remittances to be made payable to: OMHA and forwarded to:
25 Brodie Drive, Unit 3 Richmond Hill, ON L4B 3K7

Member of: