



## ONTARIO MINOR HOCKEY ASSOCIATION

### SUMMARY FOR RECONCILIATION OF DUPLICATION OF 2009-2010 INSURANCE PREMIUMS CLAIM FORM

*Please provide complete information for identification of individuals within your Association's program as players and team officials who are also active as OMHA Certified and Registered Officials under the Hockey Canada Officiating Program (HCOP). This information will be verified in the OMHA Office for accuracy, and this form must be submitted by the appropriately designated OMHA person(s) for your Centre on or before the date indicated below. This form may be copied as required.*

**CENTRE:** \_\_\_\_\_

PARTICIPANT I.D.	NAME	TEAM	OMHA CERTIFICATION HCOP NUMBER
ENTER TOTAL NUMBER BELOW			TOTAL CLAIMED
		x \$17.44	\$

**CENTRE CONTACT:** \_\_\_\_\_ **TELEPHONE:** ( ) \_\_\_\_\_  
*Print Name and Sign*

**DEADLINE FOR RECEIPT OF THIS FORM IN THE OMHA OFFICE IS JANUARY 31, 2010**