



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:

