



# ALCOHOL SKILLS TRAINING PROGRAM REIMBURSEMENT FORM

**Team Name:** \_\_\_\_\_  
**Captains Name:** \_\_\_\_\_  
**Captains Phone #:** \_\_\_\_\_  
**Captains Email:** \_\_\_\_\_  
**Sport:** \_\_\_\_\_

	<u>Player's Name (Please Print Clearly)</u>	<u>Date of ASTP Course Attended</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____

**\*In order for a reimbursement to be processed, a minimum of 75% of the players listed on your official intramural team roster must have attended the course.**

### Course Dates, Times, and Locations

Oct. 27, 8:00 - 9:30 pm (Indiana Rm 346 IMU)	Nov. 17, 8:30 - 10:00 pm (Rm 302 Field House)
Nov. 5, 8:00 - 9:30 pm (Rm 302 Field House)	Nov. 30, 8:00 - 9:30 pm (Illinois Rm 348 IMU)
Nov. 11, 8:00 - 9:30 pm (Michigan Rm 351 IMU)	Dec. 9, 8:00 - 9:30 pm (Illinois Rm 348 IMU)

### Submit Completed Form to Either

Becca Don  
 Health Iowa / Student Health Services  
 4167 Westlawn  
[Rebecca-Don@uiowa.edu](mailto:Rebecca-Don@uiowa.edu)  
 319-353-5965

A.J. Haduch  
 Iowa Intramural Sports  
 E216 Field House  
[Arthur-Haduch@uiowa.edu](mailto:Arthur-Haduch@uiowa.edu)  
 319-335-9292