



VOLUNTEER FORM

All families must complete 4 hours of volunteer time to be eligible for the \$100 reimbursement.

NAME: _____

PLAYER(S) NAME/TEAM: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

_____ **I have fulfilled my hours as team manager/coach.** Team name: _____

Date: _____ Activity(include location): _____ Hours: _____

Date: _____ Activity(include location): _____ Hours: _____

Date: _____ Activity(include location): _____ Hours: _____

Date: _____ Activity(include location): _____ Hours: _____

Date: _____ Activity(include location): _____ Hours: _____

Date: _____ Activity(include location): _____ Hours: _____

Total Hours: _____

I verify that the above listed hours are accurate for the 2016 - 2017 season.

(Signature) (Date)

Please hold form until all 4 hours are completed. Forms received by the end of the month will be reimbursed in approximately 30 days. All forms must be received by July 31, 2017 to be eligible for reimbursement. Mail forms to:

**Pewaukee Sussex United
Attn: Volunteer Coordinator
PO Box 277
Pewaukee, Wisconsin 53072**