

PLEASE WRITE CLEARLY--

Volunteer Hours Record Sheet

Athlete(s) Name:		
Registered Parent(s) Name:		
Phone Number:		
Email address:		

It is the responsibility of each family to record their volunteer hours. Please ensure hours are signed by a Board Member at the time of completion and submit by deadline.

Please submit this completed form before or by June 10, 2025

To ensure the success of our club and its functions members are encouraged to continue volunteering once they have met their required hours. **ANY additional participation is highly appreciated.**

Date	Job Description	Start time Finish Time	Number of Hours	Board Member Only

PLEASE DO NOT LOSE THIS SHEET. There will NOT be any other way of confirming your recorded hours.