

HOCKEY VOLUNTEER HOURS

YOUR NAME (please print) _____

CHILD'S NAME AND LEVEL _____

WHERE YOU VOLUNTEERED _____

DATE YOU VOLUNTEERED _____

AMOUNT OF TIME:

**Please note: Penalty box, Time Keeper, or Score Keeper for 1 game = 1/2 hour team volunteer hours.*

| Team Volunteer Hours | Fundraising Volunteer Hours |
|----------------------|-----------------------------|
| | |

Board Member, Team Parent, or Fundraising Committee Signature _____

**After board member, team parent or fundraising committee signs your volunteer form, please put form in the volunteer box located on top of the hockey mailboxes. Thank you for volunteering!

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