



PO Box 180668, Delafield, WI 53018

Each family is required to fulfill a total of 6 volunteer hours per child, up to two children for a maximum of 12 hours per family, to be eligible for the 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 **2018/2019** season.

\_\_\_\_\_  
(Signature) (Date)

**Please hold form until all hours are completed.** Forms received by the end of the month will be reimbursed in approximately 30 days. All forms must be received by June 15, 2019 to be eligible for reimbursement.

Mail forms to:

**Strike FC Wisconsin (Volunteers)**  
**PO Box 180668**  
**Delafield, WI 53018**

\_\_\_ I wish to donate my volunteer fee as a charitable contribution. Please send me an IRS donation receipt. VOLUNTEER FORM