



**2016-17 Aspen Junior Hockey
Parent Involvement Volunteer Form**

NAME of ATHLETE(s): _____

TEAM(s): _____

NAME of VOLUNTEER: _____

VOLUNTEER's EMAIL: _____

VOLUNTEER's PHONE: _____

DATE	EVENT/LOCATION/POSITION	HOURS	EVENT MANAGER SIGNATURE

Total Hours Worked: _____ X \$20 = \$ _____ (**\$200 Max**)

VOLUNTEER's SIGNATURE: _____ **DATE:** _____

Please Submit to team your Manager or Jackie Ayers before March 1, 2017. Aspen Junior Hockey will apply hours against the \$200 post dated deposit check (April 1, 2017) collected at registration. Once all volunteer hours are met, AJH immediately shreds the deposit check.

OPTIONAL CONTRIBUTION: If you would like to donate your Parent Involvement Deposit to AJH, please check the box below. All donations to Aspen Junior Hockey are tax deductible; a charitable contribution receipt will be provided.

<p>I would like to contribute my \$200 deposit to Aspen Junior Hockey</p> <p>Signed: _____ Date: _____</p>
