

MOORETOWN MINOR HOCKEY- VOLUNTEER CHEQUE FORM 2019/2020

POST DATED Cheques payable to Mooretown Minor Hockey January 20, 2020



PLEASE PRINT

PLAYER SURNAME(S): _____

Address: _____

Parent/Guardian Contact 1: _____ Relationship to Player: _____

Parent/Guardian Contact 2: _____ Relationship to Player: _____

Phone Number: _____ Email: _____

Player Name: _____ Date of Birth: _____ Division: _____

Player Name: _____ Date of Birth: _____ Division: _____

Player Name: _____ Date of Birth: _____ Division: _____

Player Name: _____ Date of Birth: _____ Division: _____

Following completion of 8 hours of volunteering: (CIRCLE CHOICE) SHRED or RETURN

FOR EXECUTIVE USE ONLY: Cheque submitted: September ____, 2019.

Date: _____ Time: _____

Volunteer Time Description:

Executive Signature, that cheque was returned or shredded:

Signature: _____

Date: _____