



P.O. Box 427
 Fenelon Falls, Ontario
 K0M 1N0

VOLUNTEER HOURS COMPLETED

Use this form to record your volunteer hours for reimbursement. More copies are available at the snack bar if required.

HOCKEY YEAR: May 1, 2009 to April 30, 2010

Name: _____

Player Name(s) _____

Address _____

Phone _____

Date	Event	Hours Worked	Convenor Signature
Total Hours Completed			

Note: A minimum of 5 hrs is required before refund will be given.

To receive your fundraising rebate, leave this completed form in the Treasurer's file at the arena (top drawer file cabinet in room under stairs) or mail to:

Fenelon Falls & District Minor Hockey Assoc., Box 427, Fenelon Falls, ON K0M 1N0