

VAHA VOLUNTEER HOURS

Name of Volunteer _____

Billing Name to Credit _____

Address _____ Phone _____

Date _____ No of Hrs. _____ Rink Set up/Cleanup
Description _____ Tournament Hours
_____ Fundraising
_____ Hockey Hours

Date _____ No of Hrs. _____ Rink Set up/Cleanup
Description _____ Tournament Hours
_____ Fundraising
_____ Hockey Hours

Date _____ No of Hrs. _____ Rink Set up/Cleanup
Description _____ Tournament Hours
_____ Fundraising
_____ Hockey Hours

Date _____ No of Hrs. _____ Rink Set up/Cleanup
Description _____ Tournament Hours
_____ Fundraising
_____ Hockey Hours

Date _____ No of Hrs. _____ Rink Set up/Cleanup
Description _____ Tournament Hours
_____ Fundraising
_____ Hockey Hours

Total hours on form _____ Your signature _____

Return completed form to the volunteer box in the lobby of the Arena or mail to:
Viroqua Area Hockey Association
P.O. Box 55
Viroqua WI 54665