Volunteer Hours

Family Name _____Players Name _____

Check Payable to: _____

Address _____

Phone Number _____

Age Group: _____ Coach: _____

Please Note: Complete all Information - Incomplete / illegible forms will not be processed

Activity	Date	Number of Hours	Signature of Supervisor

Once you have completed 4 volunteer hours, please turn this form into the concession stand or mail it to:

St. Pete Raiders
Attn: Chris McDonald
PO Box 1338,
St. Petersburg, FL 33731.

You will receive a refund of $40.