



TYSA Volunteer Record Sheet
(A separate \$50.00 check is required)



Parent/Guardian Name: _____
 Address _____
 City, State & ZIP _____
 Phone # _____ Date _____
 Email: _____

Soccer Players Name & Age Group:

1. _____
2. _____
3. _____
4. _____

Volunteer Interest:

- | | |
|---------------------------------|--------------------------|
| Assistant Coach | Public Relations |
| Board Member | Registration |
| Coach | Soccer Pictures - Spring |
| Concessions | Team Parent |
| Donate \$50 - No hours required | Tournament - Spring |
| Equipment Distribution | Uniform Orders |
| Field Maintenance | Volunteer Program |
| Field Marshal - Spring | |

<u>Date</u>	<u>Hours</u>	<u>Activity</u>

***Note:** Minimum **4 volunteer hours** by 6/15/07 for a \$50.00 refund. Please mail completed form to the address below to receive your refund.

TYSA
 P.O. Box 233
 Tomah, WI 54660

Any questions? Contact Mark Nicholson at tysavolunteer@centurytel.net