

Player(s) name(s):

## Suffield Little League P.O. Box 724 Suffield, CT 06078



BB or SB (please circle)

## \$100 VOLUNTEER BOND REFUND FORM

Families are eligible to apply for a full refund once the required service commitment for the season is met: minimum of 4 hours of volunteer time and **must include** one shift in Chet's. Volunteer positions (coaches, team parent, umpire coordinator) fulfill the minimum 4 hours of volunteer time, but these positions (or their families) are still required to work one shift in Chet's.

Directions: Record your volunteer hours and shift(s) at Chet's on this sheet for all volunteer efforts. It is your responsibility to keep track of your hours. When you complete your service commitment, submit this form to the Team Parent of your oldest child playing in the league no later than June 18<sup>th</sup>. The Team Parent will verify the service commitment and submit the form to the Treasurer via Chet's or by email.

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Volunteer Name	Service / Event	Date	Hours	*Approval	
*if a Board member is approv	 ring, please print name next to sig	gnature.			
website along with a remir	nder email. This will typi	cally occur o	n or arour	d the dates will be posted on the S nd the time of the Championships p a copy of your completed form	
Suffield Little League is dep	endent upon the suppor	t of <u>all famili</u>	es that pa	rticipate in our league.	
Thank you for your support	:!				
Team Parent:	Team Name:				