



TYSA Volunteer Record Sheet
(A separate \$60.00 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 \$60 - No hours required | Tournament - Spring |
| Equipment Distribution | Uniform Orders |
| Field Maintenance | Volunteer Program |
| Field Marshal – Spring | |

Date	Hours	Activity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Note:** For volunteer reimbursement, a minimum of **4 volunteer hours** must be worked during the Spring season with **2 of those hours being worked during the annual Tomah Tournament**. Please mail completed form to the address below to receive your refund.

TYSA
P.O. Box 233
Tomah, WI 54660

Any questions? Contact Anne Burkhalter at anneburkhalter@tomah.k12.wi.us