

**VOLUNTEER HOURS REIMBURSEMENT FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Hours Completed \_\_\_\_\_ Date Completed \_\_\_\_\_

Type of Activity \_\_\_\_\_

Authorized Signature \_\_\_\_\_  
(Board Member or Committee Chairperson only)

Hours Completed \_\_\_\_\_ Date Completed \_\_\_\_\_

Type of Activity \_\_\_\_\_

Authorized Signature \_\_\_\_\_  
(Board Member or Committee Chairperson only)

**Fill Out all the above information and mail the top portion of this form to:  
KM United Soccer Club - Volunteer Hours  
P O Box 128  
Wales WI 53183**

**Please hold form until all required hours (6) are complete. More than one volunteer activity may be required to fulfill all hours. Checks will be issued during the Fall and Spring seasons. Please allow 4 to 6 weeks after the end of each season for a check to be sent to you. Incomplete forms will be returned.**

**This form must be received before June 30th to receive deposit back.**