

2026 Cordova Jr Lancers Volunteer Hours Record

Please submit this form ONLY AFTER the full 10 hours are COMPLETED.

Refunds will be distributed at the end of the season unless you still have a balance due in which case the volunteer deposit will be used to offset that balance.

Your Name: _____ Athlete Name: _____
 Phone Number: _____ Email: _____

How would you like your refund? Venmo, Cashapp, or Zelle? _____
 Your tag name, phone number, or email for payment: _____

If these refund options do not work for your please contact Miss Beth or Miss Jen to discuss other options.

Date Worked	Work Completed	Hours Worked	Authorized Signature / Name
			Board Member Name: _____ Signature: _____
			Board Member Name: _____ Signature: _____
			Board Member Name: _____ Signature: _____
			Board Member Name: _____ Signature: _____
			Board Member Name: _____ Signature: _____