

Frankfort Baseball Volunteer Deposit Redemption Card

League: _____

Player Name: _____

Parent (who volunteered): _____

Address: _____

Once your volunteer commitment has been completed, your card will be signed. Families can redeem their signed cards at date to be determined later in the year. Please visit www.frankfortbaseball.com for updated information.

Duty Fulfilled: _____

Date Fulfilled: _____

Authorized Name (Printed): _____

Authorized Signature: _____