

Vernon Youth Football and Cheer  
P. O. Box 2241  
Vernon, CT. 06066

## Volunteer Refund Request Form

*Note: 2-hour min. volunteer time. Max. refund \$25. Please coordinate with your head coach or president Natalie Price prior to volunteering.*

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

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

Volunteer Type Please circle: **Field setup / field take down and clean up / chains and markers / announcers / snack shack service & grill/Apparel Table**

Date(s) & Hours \_\_\_\_\_

\_\_\_\_\_

Players Name \_\_\_\_\_

Players Team \_\_\_\_\_

*Checks will be mailed to the name and address listed above  
at the end of the season.*

**Requests will not be processed after November 15<sup>th</sup>**

Approved by-Board Member Signature \_\_\_\_\_

Office Use: Check # \_\_\_\_\_ Date \_\_\_\_\_

