

## **Volunteer Deposit Refund**

Use this form to verify you have fulfilled your volunteer requirement. Submit AFTER you have volunteered all your hours, not each time you fulfill a portion of the requirement. Your volunteer hours count toward ALL your children who registered and paid a volunteer deposit.

Note: To keep processing manageable, reimbursement forms are processed once a month.

### **Volunteer Deposit Reimbursement - Please complete and write legibly:**

Date: \_\_\_\_\_ Circle Team: YRed YEagle YWhite YBlack JH HS

Wrestler's Name(s): \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

List all volunteer opportunities that apply for your family. Please provide dates, hours completed and name of event/activity/committee/"other" activities:

Date	Hours Completed	Event/activity/committee/other activity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please process my reimbursement as follows: (Please check one.)**

Mail check to the address provided

Donate to the scholarship fund

Other: \_\_\_\_\_

Please mail complete form to

CVWBC, PO Box 414, New Kingston, PA 17072 or email to [vicepresident@cvwrestling.org](mailto:vicepresident@cvwrestling.org).