

Mamakating Little League

PO Box 745
Wurtsboro NY 12790

2018 Work Bond Refund Request

Name _____

Player(s) _____

_____ I worked the required hours and would like to apply my work bond towards the 2019 season fees

_____ I would my work bond refunded in the form of a check which should be mailed to:

Mailing Address: _____

I earned my work bond back by:

_____ Coach/Manager/Team Parent

_____ Field Maintenance

_____ Concession Stand

_____ Beautification

_____ Other (Please list)

_____/_____/20____

Signature

_____/_____/20____

Child's Team Manager's Signature

Office Use Only

Approved by _____

Payment date _____

Check # _____