



## Volunteer Buyback Refund Request



Please email this completed form to [treasurer@anll.info](mailto:treasurer@anll.info)

or print, complete, and mail to: Treasurer

P. O. Box 660362

Arcadia, CA 91066

Date of Request: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date(s) of Volunteer Work: \_\_\_\_\_

Number of Volunteers Hours Completed: \_\_\_\_\_

Description of Volunteer Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please have your Team Parent, your Team Manager, or a Board Member sign below to certify that hours have been completed:*

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

*(Must be a Team Parent, Manager, or Board Member.)*

Signature: \_\_\_\_\_

*(If emailing this form, typing the name in the signature line is sufficient.)*

\_\_\_\_\_

*For office use only:*

Amount paid: \_\_\_\_\_

Date paid: \_\_\_\_\_

Check Number: \_\_\_\_\_