



Volunteer Hour Documentation

Your name: _____

Skater name: _____

Synchro Team (If applicable): _____

Address: _____

Date	Volunteer Activity/Event	Hours Spent	Competition Receipt Provided? (Yes or No)

I certify that my answers are true and complete to the best of my knowledge. Subsidy is requested for competition fees incurred by skater and skater did participate in the event. All volunteer hours were done on behalf of Carolinas Figure Skating Club, for the benefit of its members, affiliates or other approved group and have been documented accurately.

Signature: _____
(Parent/Guardian if under 18)

Date: _____