



**Sioux Falls Youth Hockey Association
Volunteer Points Form**

Date: _____ Event: _____

Name: _____

Player Name: _____

Player Team/Level: _____

Volunteer Task Worked: _____ Volunteer Points Earned: _____

Time: _____

Volunteer Signature: _____ Authorized Signature: _____

Name: _____

Player Name: _____

Player Team/Level: _____

Volunteer Task Worked: _____ Volunteer Points Earned: _____

Time: _____

Volunteer Signature: _____ Authorized Signature: _____

Name: _____

Player Name: _____

Player Team/Level: _____

Volunteer Task Worked: _____ Volunteer Points Earned: _____

Time: _____

Volunteer Signature: _____ Authorized Signature: _____

Name: _____

Player Name: _____

Player Team/Level: _____

Volunteer Task Worked: _____ Volunteer Points Earned: _____

Time: _____

Volunteer Signature: _____ Authorized Signature: _____

Name: _____

Player Name: _____

Player Team/Level: _____

Volunteer Task Worked: _____ Volunteer Points Earned: _____

Time: _____

Volunteer Signature: _____ Authorized Signature: _____

Please Turn All Volunteer Point Sheets into Julie Becker or Cherry Hunter.