

SFYHA Volunteer Point System Agreement

I have received a copy of the Sioux Falls Youth Hockey Volunteer Agreement and agree to abide by the system within. I agree to earn the points as required below with a maximum of 100 points per family:

ATOMS – 20 Points per player _____

MITES – 30 Points per player _____

SQUIRTS and older (All Leagues) – 75 Points _____

2 or more children -
SQUIRTS & OLDER (All Leagues) – 100 Points _____

TOTAL POINTS REQUIRED _____

I understand that if I do not meet the minimum point requirement, I will forfeit \$2.00 per point. Attached is my deposit check dated **4-1-10**:

DEPOSIT CHECK AMOUNT _____

DEPOSIT CHECK # _____

PARENT/GUARDIAN SIGNATURE _____

PLAYER NAME (s) _____

DATE _____