

# 2010 SLP Little League Volunteer Agreement

I do agree to fulfill my required 12 volunteer hours for the SLPLL 2010 season. I acknowledge that if I am unable to fulfill any of my scheduled working hours, it is MY responsibility to find a replacement to work my shift. **Each time I do not show up or find a replacement for my scheduled time, I will have an additional hour added to my commitment. If I do not fulfill my required hours of volunteer time, I understand my \$200.00 volunteer deposit check will be cashed at the end of the season.**

Family Last Name \_\_\_\_\_

Player Names (list each child)

\_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

OR

**Please cash my check** – I will not be able to fulfill my hours this year.

X \_\_\_\_\_ Date \_\_\_\_\_