



Waseca Hockey Association Volunteer Hours Form

Date Worked: _____
Event Name: _____

Volunteer Name (First & Last): _____

*Please indicate if working for another WHA Parent

Player Name (First & Last): _____

Team: _____

Hours Worked: (____:____) to (____:____)

Duty Worked: _____

Total Hours: _____

You Must Have All Information Filled Out to Receive Credit
(No Credit will be given if submitted later than two weeks after the event)

Volunteer Signature

Date: _____

WHA Approved Signature

Date: _____

(Only accepted WHA signatures are Team Coach, Team Coordinator, Concession Stand Manager, or Event Coordinator for that particular event)



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