

Dibs Credit Record

Date of work _____

Type of work(meeting, learn to skate, spirit wear etc) _____

Person doing the work and their skater(s) Names:

Hours worked:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Committee Head/Coordinator Signature _____

*Place sheets in the dibs coordinator mailbox in the coordinators room

**Dibs will be credited onto accounts within 7 business days