

AYSO Region 94 Team Responsibilities Reimbursement Form - Fall 2018

Teams who complete all volunteer requirements are eligible to receive \$50 reimbursement for team related expenses.

- Step 1: Complete all volunteer assignments
 Step 2: Get sign-off from snack shack and field operations that assignments are complete (bring form with you to assignment)
 Step 3: Attach a copy of receipt of up to \$50 in team expenses and drop off this completed form at the snack shack or mail to:

AYSO Region 94 Treasurer, P.O. Box 3774, La Habra, CA 90631

A check will be mailed once verification is complete (allow approx. 2 weeks). Questions? Contact Kaia David, Treasurer at kaiadavid@aim.com

TEAM INFORMATION

Division/Team: _____

Coach Name/ Email _____

Team Parent Name/ Email _____

Name and address where check is to be sent: _____

Team Responsibilities Questions? Contact Katie Julius, Team Parent Coordinator at ayso94katiej@gmail.com

TEAM RESPONSIBILITY SIGN-OFF

Ref Points

(required for U8 and above)

| | | | | |
|-------|--|----------------------------------|---|--|
| 5U/6U | NO REF POINTS-complete field painting and snack shack responsibilities | 8U | U8 teams shall provide 1 registered volunteer with Safe Haven for each game played. | |
| 10U | 17 POINTS REQUIRED | 12U | 17 / 10 POINTS REQUIRED* | |
| 14U | 10 POINTS REQUIRED | 16U/19U | 10 POINTS REQUIRED | |
| EXTRA | 14 POINTS REQUIRED | Total Ref Points Earned by Team: | | |

Was team requirement met? Yes / No

Signature of Referee Administrator (Required) _____

Snack Shack

(3 volunteers for 3 hours each)

| | | Scheduled Date | Scheduled Time | Scheduled # of Hours |
|---------------------------------|------|----------------|----------------|----------------------|
| | Name | Time In | Time Out | # Hours Worked |
| Volunteer 1 | | | | |
| Volunteer 2 | | | | |
| Volunteer 3 | | | | |
| Total # of Hours Worked by Team | | | | |

Was team requirement met? Yes / No

Signature of Snack Shack Manager (Required) _____

Field Painting

(2 volunteers at 4:30pm until all fields painted)

| | | Scheduled Date | Scheduled Time | Scheduled # of Hours |
|---------------------------------|------|----------------|----------------|----------------------|
| | Name | Time In | Time Out | # Hours Worked |
| Volunteer 1 | | | | |
| Volunteer 2 | | | | |
| Total # of Hours Worked by Team | | | | |

Was team requirement met? Yes / No

Signature of Field & Equipment Manager (Required) _____