

# The Walnut Creek Sports Association Volunteer Service Rebate Request

<u>Dates of Service</u>	<u>Service Performed</u>	<u>Hours of Service</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Volunteer Hours (Minimum 6 for rebate) \_\_\_\_\_

Name of Player \_\_\_\_\_ Sport \_\_\_\_\_

Name of Volunteer (You) \_\_\_\_\_

Address \_\_\_\_\_

I certify that the above information is true and correct:

Signed \_\_\_\_\_

**Please mail completed form to WCSA P.O. Box 4651 Walnut Creek CA 94596. Allow 14 days for receipt of rebate.**