



Sprague Little League Volunteer Service Record Spring 2024

Name:	Player name(s):
Street:	Team(s):
City, State, Zip:	Division(s):

Date(s)	Job/Worked Performed	# of Hours Worked	Verification Signature <small>(Manager/Coach/Board Member – Please print and sign)</small>
Total Hours:			

**TO AVOID A POSSIBLE NON-VOLUNTEER FEE, COMPLETED & SIGNED FORMS
MUST SUBMITTED NO LATER THAN JUNE 30, 2024 at 11:59PM**

To submit Form, please email a scan or photo to:

SalemSpragueLL@gmail.com