AHPA 2020/21 VOLUNTEER COMMITMENT

\*\*THIS FORM MUST BE HANDED IN WITH PAYMENT FORM\*\*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print email address clearly.

PLEASE PICK YOUR TOP 3 VOLUNTEER COMMITTMENTS

|  |  |  |
| --- | --- | --- |
| Volunteer Opportunity | Availability | Pick |
| Creating Hockey Pools |  |  |
| Tournaments |  |  |
| Casino 15 Volunteers |  |  |
| Picture Night 2 Volunteers |  |  |
| Hockey Pool Data Entry 4 Volunteers |  |  |
| Awards Nights 5 Volunteers |  |  |

\*\*IF YOU DO NOT COMPLETE YOUR VOLUNTEER HOURS, YOUR VOLUNTEER DEPOSIT WILL BE CASHED\*\*

\*\*YOU ARE RESPONSIBLE FOR UP TO 10 HOURS OF VOLUNTEER TIME FOR THE 2019/20 SEASON\*\*

If you have any questions regarding your volunteer commitment, please email the [Hockey Parents President](mailto:hockeyparentspresident@admha.com)