



Innisfail Minor Lacrosse Association

2026 VOLUNTEER TRACKER

Player Name:	Team:
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Parent Name:	Are you a coach? Yes or No
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Regular Season Volunteer Hours (minimum 10 required)			
Number of Hours (example: 2 hrs)	Volunteer Activity (Concession or Tournament)	Date Hours Completed	Verification Initials from board representative

Please submit completed form to volunteer@innisfaillacrosse.com

OR complete the google form on the Innisfail Lacrosse Volunteer Policy Webpage:



Volunteer Signature:	Date:
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Email address for e-transfer:

Office Use Only: Cheque destroyed OR deposit returned on:

Date:
