



Innisfail Minor Lacrosse Association

2023 VOLUNTEER TRACKER

Player Name:	Team:
--------------	-------

Regular Season Volunteer Activities		
Number of Hours	Volunteer Activity	Date Completed



Innisfail Minor Lacrosse Association

Tournament/Festival Volunteer Shifts (minimum 3 shifts required)		
Number of Hours	Volunteer Activity	Date Completed

Volunteer Signature:	Date:
Team Manager Verified:	Date:
Executive Verified:	Date:

Cheque destroyed OR deposit returned on:

Date:

Deposit forfeited OR cheque deposited on:

Date:	Reasoning:
-------	------------