



**San Ramon FC
2017 Season Volunteer Reimbursement Form**

Name (last, first): _____
Address: _____
City, State: _____
Zip code: _____
Phone: _____ Email: _____
Player name (last, first): _____
Team name/age group: _____

Volunteer Job Performed:

COMP/SELECT try-outs
 U5/U6 Coach or Team Manager
 Tournament - Name _____
 Special Events (please list event) _____

Other Job as Described _____

Date: _____ **Location:** _____

Arrival Time: _____ **Departure Time:** _____

Note: This form must be verified by event coordinator, BOD member or office manager before refund will be processed. Please note that team positions (coaches, assistant coach, team managers, and treasurers) do not get reimbursed until the end of the soccer season, pay schedule #3.

Four (4) hours per family = \$125.00 volunteer fee refund

Event Coordinator name (print)

Event Coordinator Signature

Please return form to:
SAN RAMON FC
12885 Alcosta Blvd., Suite B
San Ramon, CA 94583

Any questions, please contact Dawn McQuiston at: dmcquiston@sanramonfc.com