



San Ramon FC 2016 Season Volunteer Reimbursement Form

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

Service performed:

- COMP/Select try-outs
 Referee
 U5/6 Coach or Team Manager
 Tournament Assistance
 Special Events (please list event) _____

Other Job as Described _____

Date: _____ **Location:** _____

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 till end of the soccer season, pay schedule #3.

4 hours per family = \$125.00 volunteer fee refund

The payment schedule for reimbursement is as follows:

- #1. Volunteer between January 1-April 30 = refund by May 31
- #2. Volunteer between May 1-August 31 = refund by Sept 30
- #3. Volunteer between September 1-December 1 = refund by December 31

Event Coordinator name (print)

Event Coordinator signature

Please return form to:

SRFC
12885 Alcosta Blvd., Suite B
San Ramon, CA 94583

Any questions, please contact Dawn McQuiston at office.manager@sanramonsoccer.org