



VOLUNTEER HOURS REIMBURSEMENT FORM

VOLUNTEER NAME: _____

PLAYERS NAME: _____

ACTIVITY: _____

ADDRESS: _____

ZIP: _____ PHONE: _____

EMAIL: _____

HOURS COMPLETED: _____ DATE/S COMPLETED: _____

REIMBURSEMENT TYPE: (Please Circle One)

Coach Team Parent Concession Stand Volunteer Other _____

*******REIMBURSEMENT FORMS ARE DUE WITHIN 4 WEEKS OF COMPLETED VOLUNTEER HOURS *******

Fill out all the above information and mail the top portion of this form to:

KMRA
PO BOX 120
Dousman, WI 53118

Please Note:

Reimbursement checks are written twice a month. Please allow 2-4 weeks for reimbursement. Incomplete forms will be returned.