

Fairfield Pacific Little League Volunteer Service Record



Mail refund check to:	
Name:	Player name(s):
Street:	Team(s):
City, State, Zip:	Division(s):

Date	Job/Worked Performed	Hours	Points	Verification Signature (Manager/Coach/Board Member – Please print and sign)
		Total		

NO FORMS ACCEPTED AFTER JUNE 2

NO PARTIAL REFUNDS

ALLOW 4-6 WEEKS FOR RECEIPT OF CHECK

E-Mail completed form to:

Treasurer@ffpll.org

Or turn in to Team Manager

Fee refunded:

By: _____

Date: _____