MSST Volunteer and Fundraising Record Form

200_____ to 200_____ MSST Season

Earning Period June to May15th each year

Volunteer Parent #1 Name: _____ **Volunteer Parent #2 Name:** _____

Family Athlete #1 Name: _____ **Family Athlete #2 Name:** _____

Family Athlete #3 Name: _____ **Family Athlete #4 Name:** _____

Date	Volunteer Event & Position or Fundraising Event	Volunteer Name	Credits earned	Dollars earned	Volunteer Coordinator Event Leader Contact

Total Credits Earned _____

# of Athletes in Family _____ **x $100 =** _____

Total Dollars Earned **-** _____

Season End Balance Due *(if applicable)* _____

Volunteer Signature: _____ **Date:** _____

Please note: *Complete a new form each MSST Season. There are no rollover credits or fundraising dollars from one season to the next.*

Return forms to: Mt. Shasta Ski Team, PO Box 759, Mt. Shasta, CA 96067
Or email as a scanned document to the Volunteer Coordinator.

Completed Form Deadline: May 15th of each year.