

Thunder Bay Figure Skating Club
Volunteer Hours Program Tracking Sheet 2015 - 2016

Participant Name: _____

Skater Name(s): _____

	Activity	Date	Hours	Activity Leader Name (print)	Activity Leader Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
		Total Hours:			

I certify that all information provided on this form is true and accurate:

Signature: _____

Date: _____

Authorized by: _____

Authorized Signature: _____