



FAYSA Volunteer Rebate Form

Each family is required to fulfill a total of 2 volunteer hours per child, up to two children, for a maximum of 4 hours per family, in each season to be eligible for the rebate.

NAME: _____
PLAYER(S) NAME/TEAM: _____
ADDRESS: _____
EMAIL: _____ PHONE: _____

Date: _____ Activity(include location): _____ Hours: _____
Date: _____ Activity(include location): _____ Hours: _____
Date: _____ Activity(include location): _____ Hours: _____
Total Hours: _____

___ I have fulfilled my hours as team manager/assistant coach. Team name: _____

I verify that the above listed hours are accurate:

(Signature) (Date)

Please hold form and return after all hours are completed. Rebate will be sent within 30 days of receipt of the form. All forms must be received within two weeks after the last game of the season to be eligible.

___ I wish to donate my volunteer fee to FAYSA as a charitable contribution. Please send me a donation receipt.

Mail forms to:
FAYSA
PO Box 3
Fort Atkinson, WI 53538