



VOLUNTEER FORM

Please print or write legibly or refund may be delayed

LAST NAME _____ FIRST NAME _____

CHILD(REN'S) NAMES _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ EMAIL _____

TASK COMPLETED _____
DATE _____ HOURS(to the nearest ¼ hour) _____
COORDINATOR'S SIGNATURE _____

TASK COMPLETED _____
DATE _____ HOURS(to the nearest ¼ hour) _____
COORDINATOR'S SIGNATURE _____

TASK COMPLETED _____
DATE _____ HOURS(to the nearest ¼ hour) _____
COORDINATOR'S SIGNATURE _____

*After you complete your 7 hours, turn this form in by December 10 or June 10 to:

OSA Office

Mailing Address: PO Box 586
Oconomowoc, WI 53066
Office Address: 24 South Main Street
Oconomowoc, WI 53066
Phone: 262-567-9076

Email: osasoccer@sbcglobal.net **Website address:** www.oconomowocsoccer.com