

**VANCOUVERVIPERS VOLUNTEER  
COMMITMENT FORM**

Parents'/Guardians' Names:

1. \_\_\_\_\_
2. \_\_\_\_\_

Athletes' Registered:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please select ONE of the following options:

- We will participate in the Volunteer Program. We will complete a minimum of 10 hours of volunteer activities and acknowledge that there will be no refunds of our deposit should we fail to complete the minimum 10 hours.

We will keep a record of our volunteer hours using the Volunteer Tracking Form.  
A cheque for \$150 post-dated April 20, 2017 has been enclosed with our registration.

- We will *NOT* participate in the Volunteer Program.  
A cheque for \$150 dated September 1, 2016 has been enclosed with our registration.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date