

# Figure Skating Club of Minneapolis



## Home Club Member Request for Credit of Volunteer Time (Please Print)

Skater's Name: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Volunteer Task: \_\_\_\_\_ Date \_\_\_\_\_

Time requested to be credited to the above skater's account: \_\_\_\_\_ Hr \_\_\_\_\_ Min

Signature of person in charge: Chairperson, Board Member, or home club Professional:

\_\_\_\_\_ Date: \_\_\_\_\_

***PLEASE RETURN TO: Mary Melberg(mmelberg@aol.com  
THANK YOU FOR SUPPORTING THE FSC OF MINNEAPOLIS***



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***VOLUNTEER ~ PLEASE RETAIN THIS COPY FOR YOUR RECORDS  
THANK YOU FOR SUPPORTING THE FSC OF MINNEAPOLIS***