



**Work Deposit Time Card 2020-2021
Team Breckenridge Sports Club**

Name: _____ **Athlete Representing:** _____

Mailing Address: _____

DATE	EVENT	TIME IN	TIME OUT	HOURS	Initialed by: (Board Member, Coach or Lead)
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/ /					
/ /					
Total Hours Worked:					

*This card must be completed and returned by June 1, 2021 or your refund will be forfeited.
Please note to TOTAL your hours worked.*

Instructions

Please return the completed card by June 1, 2021.

E-Mail: admin@teambrecksportsclub.com

Note: refunds are given for the number of hours worked multiplied by \$15 per hour not to exceed your total work deposit. (i.e. Excess hours are not compensated, are not transferable to other athletes, and do not carry over to the next season.) Partial hours are accepted. For more information regarding the work deposit and event opportunities, check out the website.