



VOLUNTEER HOURS DECLARATION

Volunteer Name:	League Team Affiliation:
Phone:	Email:

Thank you for donating your valuable time to Washington Student Cycling League! As a volunteer driven organization, your contribution of time is critical to our success. So THANK YOU for helping to empower youth, one mile at a time.

DATE	START TIME	END TIME	HOURS	JOB DESCRIPTION
TOTAL				

My employer offers Employee Matching Gifts and/or Volunteer Support Program: Yes No

If Yes, what company: _____

I, _____, certify that the above information is correct and accurate.

Please submit to:

Washington Student Cycling League
P.O. Box 22187
Seattle, WA 98122

T 206.291.7773 | F 205-577-4564
E info@washingtonleague.org
W www.washingtonleague.org