

# Volunteer Bond Reimbursement Form

Athlete/Family Name: \_\_\_\_\_ date \_\_\_\_\_

	Description of Volunteer Activity	Date Completed	Credit Claimed
1			
2			
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12			
13			
14			



Please Submit Your Forms to:  
[information@bushidowaterpolo.ca](mailto:information@bushidowaterpolo.ca)  
 Bushido Water Polo Club  
 971 Corydon Ave, PO Box 362  
 Winnipeg, MB R3M 0Y0

**Total Credit Claimed**

Please issue me a cheque

Please place as credit on my athlete's account which can be used for future fees.