



West Seattle Little League Volunteer Fee Refund Request

I hereby request a refund of the volunteer fee paid at the beginning of the current WSSL baseball season. I understand that in order to receive said reimbursement, I shall have completed a minimum of 5 hours of volunteer work for the league throughout the season.

Date of Request: _____

Parent's Name: _____

Player's Name: _____

Division and Team Name: _____

Manager's Name: _____

Mailing address for refund check:

Estimated Number of Volunteer Hours Performed: _____

Parent / Volunteer's Signature:

Team Manager's Signature:

(Please complete this form and mail to: WSSL, 4742 – 42nd Ave SW, PMB 252, Seattle, WA 98116. Your request will be processed as quickly as possible and a refund check will be issued in the name given above and mailed to the indicated address.)