



Ballistic United Soccer Club  
Volunteer Program - Reimbursement Form



**Volunteer's Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Player's Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Street**

**City**

**Zip**

**Phone Number** \_\_\_\_\_

**Age Group** \_\_\_\_\_

The Event Coordinator or BOD Member will sign off a Reimbursement Form at the activity, for YOUR submission to BUSC.

Reimbursement will be received approximately thirty (30) days after the conclusion of your volunteer service.

Submit to:

Ballistic United Soccer Club,  
Volunteer Coordinator,  
P.O. Box 523  
Pleasanton, CA 94588

Designated Event Official Signature: \_\_\_\_\_

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

Function Performed: \_\_\_\_\_

**PLEASE REMEMBER THAT THIS FORM WILL NOT BE PROCESSED WITHOUT THE ABOVE APPROPRIATE SIGNATURE.**

**Registered Coaches, Assistant Coaches and Division 1 & 3 Team Managers and Treasurers:** You do not need to submit this form for reimbursement. You will be paid automatically after the season begins. If you do not receive your rebate by October 30, 2008 please contact us.

**All Volunteers:** If you perform your volunteer work, and turn in this signed form, but have not receive a rebate by December 20, please contact us. ALL Requests for Volunteer rebates must be received by BUSC before December 31, 2008 or the rebate will not be processed.