Hillsborough Youth Sports Workbond Refund Request



Athletes Name:		Date: Sport:		
To: WorkBond Com	mittee			
Subject: Request for	Refund of WorkBo	ond Security Dep	posit	
request a refund of the past year. I understan	ne WorkBond secund that in order to be	rity deposit that be eligible to rece	sborough Youth Sports was submitted to HYS eive my deposit back, the nd signed the registration	nat I must meet all the
At this time, I do hereby certify that:				
I have completed my WorkBond volunteer requirements.				
Yes	No 🗌			
I have returned all uniform & equipment in acceptable condition.				
Yes 🗌	No 🗌			
I have sold and submitted payment for the minimum raffle ticket sales as required.				
Yes 🗌	No 🗌			
To help our voluntee as possible.	rs verify your hou	rs please provide	your work bond hours	with as much accuracy
Job Worked		Date	Time	Location
Example-Game Day		9/3/23	11:00-1:00pm	Triangle
Example-Head Coach-9U		All Season		
1			1	

The deadline to submit your completed Workbond Refund Form is March 1st following the season end.

Refunds will be credited back to the credit card that was used to register your athlete. Once you have completed this form, please save it to your hard-drive and then forward a copy to volunteer@hillsboroughyouthsports.org.