



East Diablo United Soccer League  
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 EDYSL.

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

**Submit to:**  
East Diablo Youth Soccer  
Volunteer Coordinator,  
1145 2<sup>nd</sup> Street #A232, Brentwood Ca 94513

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 September 30 please contact us.

**All Volunteers:** If you perform your volunteer work, and turn in this signed form, but have not receive a rebate by November 20, please contact us. ALL Requests for Volunteer rebates must be received by EDYSL before November 30 or the rebate will not be processed.