VOLUNTEER HOURS SUBMISSION FORM

NAME OF SHOW _____ SHOW DATE _____

NAME OF SHOW MANAGER _____

Please return this completed form to the SEDA Volunteer Coordinator (or President if there is no Volunteer Coordinator). Form may be emailed to volunteers@sedariders.org. Email is preferred, but this form can also be mailed by contacting the Volunteer Coordinator for details. Note that only hours worked by a current SEDA member or for a current SEDA member will be applicable to the SEDA Year End Awards Program requirement. Thank You!

Volunteer Name	if the volunteer is working hours for another SEDA member, list that person's name HERE	Number of Hours