

## 2026 RCLL VOLUNTEER HOURS RECORD

Please submit this form ONLY AFTER the FULL 8 hours are COMPLETED for a refund or when you have met the requirement of the "other" option available for sponsorship, etc.

NAME (Check to be issued to): \_\_\_\_\_ Player Name: \_\_\_\_\_

Address to send check: \_\_\_\_\_

Level of play (TBall, Farm, American, National, Major, Junior): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Worked	Work Completed	Hours Worked	Authorized Signature/Name
	<input type="checkbox"/> Field Maintenance <input type="checkbox"/> Fireworks Booth <input type="checkbox"/> Snack Bar <input type="checkbox"/> Manager - see below <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Other		Board Member Name: _____ Signature: _____
	<input type="checkbox"/> Field Maintenance <input type="checkbox"/> Fireworks Booth <input type="checkbox"/> Snack Bar <input type="checkbox"/> Manager - see below <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Other		Board Member Name: _____ Signature: _____
	<input type="checkbox"/> Field Maintenance <input type="checkbox"/> Fireworks Booth <input type="checkbox"/> Snack Bar <input type="checkbox"/> Manager - see below <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Other		Board Member Name: _____ Signature: _____
	<input type="checkbox"/> Field Maintenance <input type="checkbox"/> Fireworks Booth <input type="checkbox"/> Snack Bar <input type="checkbox"/> Manager - see below <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Other		Board Member Name: _____ Signature: _____
	<input type="checkbox"/> Field Maintenance <input type="checkbox"/> Fireworks Booth <input type="checkbox"/> Snack Bar <input type="checkbox"/> Manager - see below <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Other		Board Member Name: _____ Signature: _____

\*Other is - Approved in advance by an Executive Board Member (President, Vice President, Treasurer, Secretary)

\*Manager is - Approved by attending all required meetings, completing all required trainings, and umpiring the required minimum games put in place by UIC.

TOTAL HOURS: \_\_\_\_\_

**COMPLETED FORMS MUST BE SUBMITTED ONE OF TWO WAYS ONLY!!**

- 1) Scan & Email to [VDRRefund@rcll.org](mailto:VDRRefund@rcll.org)
- 2) US Mail: 11230 Gold Express Dr. Suite 310-197, Rancho Cordova, CA 95670

**REFUNDS WILL BE ISSUED ONE OF TWO WAYS ONLY!!**

- 1) We will refund your Credit Card through Sports Connect (depending on time lapsed; we are only allotted so much time for refunds).
- 2) If Sports Connect time has lapsed, a refund check will be sent to the address above.

**\*\*\*REFUNDS ARE ISSUED THE 1ST AND 15TH OF EACH MONTH. DEADLINE TO SUBMIT FINAL FORMS IS JULY 31, 2026!!**