

USEA AREA VIII YOUNG RIDER
VOLUNTEER HOURS REPORT



NAME: _____

PHONE: _____ EMAIL: _____

EVENT OR SHOW WHERE YOU VOLUNTEERED:

DATE: _____ HOURS WORKED: _____

SIGNATURE OF SHOW SECRETARY: _____

Scan or email this form to Shelley Ryan shelleywryan@gmail.com

Or mail to Shelley Ryan, 1558 Player Dr., Lexington, KY 40511

PLEASE SEND THIS FORM TO ME WITHIN 2 WEEKS OF VOLUNTEER WORK TO RECEIVE CREDIT

IF YOU ARE GETTING YOUNG RIDER CREDIT FOR YOUR WORK YOU ARE NOT TO RECEIVE ANY OTHER PAYMENT
SUCH AS SCHOOLING CERTIFICATES

Thank you!

