



SWAN CITY ICE SKATERS WORK CREDITS SIGN-IN SHEET

SKATERS NAME _____

PARENT(S) NAME _____

HOURS REQUIRED _____

Place the number of hours worked in the corresponding job description along with the date worked in the proper column.
This **MUST** be filled out for each hour worked to receive the work credit.

Initial each date worked along with board member initials.

Date											
Job Descriptions											
Open Skate											
Rink Manager											
Ice Show											
Sync Comp.											
Zamboni											
Basic Skills Comp.											
Swan Skate Comp.											
Test Sessions											
Committees											
Unlimited Banquet											
Misc. Event (list)											
Misc. Hours (for above)											
Total Hours Worked											

Comments: _____
