



Washington Youth Soccer ODP Community Service Form

This letter is to verify that _____
volunteered at a Washington Youth Soccer ODP Service event.

Event: _____ Date _____

Duties included: _____

Hours attended: _____

Comments: _____

Signature

Title

I understand that my ODP account will be credited \$10.00 for each hour I
contribute to any Washington Youth Soccer ODP service event

Player's Name _____

Age _____

Gender _____