



# PARENT WORK DEPOSIT FORM 2009/2010 AVSC TEAM Programs

Program (circle one):    **Alpine**      **Freestyle**      **Nordic**      **Snowboard**

Name of Athlete: \_\_\_\_\_

Last Name of Parent: \_\_\_\_\_ First Name of Parent: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Date	Event/Location/Position	# Hours Worked	Signature of Person in Charge

**Total Hours worked** \_\_\_\_\_ **X \$15 = Refund** \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Approved by AVSC: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**Return before April 30, 2010. Refunds will be issued in June, 2010.** Parent Work Deposit Refunds cannot be rolled over to the following year. Two family households splitting work deposit fees will only be refunded their portion of the deposit according to the hours worked.

**Mail or fax form to:** AVSC, P.O. Box C-3, Aspen, CO 81612 (fax) 970.925.5290