



Winona Area Youth Hockey DIBS Alternate Hours Form

If you are volunteering in an alternate way, i.e. coaching, on ice assistance at LTS level, calendar data entry, please submit this form to winonayouthhockey@gmail.com for approval of your hours. This form along with approval is needed to use the alternate method as a replacement for your yearly DIBS hours.

Coaching: _____

On Ice Assistant for LTS: _____

Calendar Data Entry: _____

Other (please indicate what you are doing): _____

Parent 1 Name: _____ Parent 2 Name: _____

Parent 1 Phone: _____ Parent 2 Phone: _____

Parent 1 Email: _____ Parent 2 Email: _____

Player Name(s): _____ Level of Play: _____

Approval by WAYHA Signature: _____ Date: _____