

Team: _____

Division: _____

New OR Returning

Snack Bar Check # _____

WMJL League Official: _____



Washington Manor Junior League Snack Bar Agreement

Player's Name: _____

Parent's Name: _____

Home Phone: _____ Cell Phone: _____

Parent's Name: _____

Home Phone: _____ Cell Phone: _____

Responsibility: I/we understand that as a parent of the player participating in the Washington Manor Junior League, I/we understand that I/we will be obligated to perform **SnackBar duty = 2 WEEKDAY SHIFTS OR 1 -4 HOUR WEEKEND SHIFT** for each player that I/we have registered to participate in Washington Manor Junior League.

I/We understand that I/we will be responsible for the completion of snack bar duty during the season. Exact dates will be issued to each team by the Team Parent Representative at a later date. Should I/we fail to show up for my scheduled shift or are more than 10 minutes late for my/our scheduled shift as required, I/we understand that my/our **\$200 deposit** check will be cashed. I/We also understand that the **\$200 deposit** check will be returned at the time of the completion of my/our scheduled shift. Must be 14 or over to work in the Washington Manor Junior League Snack Bar.

Parent's Signature: _____ Date: _____

\$150 BUY OUT OPTION

Please Circle One:

DECLINE

PAID

*******To be completed when snack bar duty is completed*******

Date of Duty: _____ Check Returned: _____

WMJL Snack Bar Signature: _____ Date _____

WMJL League Official: _____