



Group Volunteer Donation Request – return form to: jconkling@tris4health.com

Tris4Health offers a \$150 donation to groups who have 10 or more volunteers each cover a shift. Groups can work together or as individuals throughout race week. Any single volunteer covering more than one shift will be counted as each shift covered.

Reimbursement requests must be submitted within 10 days following the event or funds will be donated to the specific race's charity partner.

Please list below the names of each volunteer that was included in your group:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Who check should be made out to and address: _____

If you have more than 20 or more volunteers, you may be eligible for a second group donation. Please complete a form for each group.

By signing below I am certifying the above individuals did volunteer for the entire shift as noted at a Tris4Health Event. Please list event, year, volunteer location & shift

Name and phone #of person completing this form: _____

Signature: _____