

Michiana Dressage Club, Inc. 2017 Volunteer Report Form

Volunteer Name: _____

Volunteer Address: _____

Event Information

Name of Event: _____

Location of Event: _____
(City and State)

Date of Event: _____/_____/_____

Position: _____

Number of Hours Worked: _____

Signature of Show Secretary/Event Coordinator: _____

Please return form within 14 days of show/event. (Within 5 days if it is the last show.)

Please Mail To:

**Samantha Gorzkiewicz
57753 Crumstown Hwy
South Bend, IN 46619**

Or scan and email to: smroz126@aol.com

