HOURS SHEET

VOLUNTEER NAME: _____

Date:	Activity:	Enter volunteer **HOURS** completed within:		
		Education	Community	Disability Sport
	Total Hours:			

Workshops Attended	
Date:	Workshop Title:

Sussex County Sports Partnership Events	
Date:	Event Title:

SUPERVISOR NAME: _____

SIGNED (SUPERVISOR): _____

Please send completed sheets to Jo Irving at the Sussex County Sports Partnership.
By post: Dallington House, University of Brighton, Falmer, Brighton, BN1 9PH.
By email: jirving@brighton.ac.uk By Fax: 01273 644102