

**OGBC POINT RECORD**

NAME:	GYMNAST NAME:	LEVEL:
EVENT:	TODAY'S DATE:	

**VOLUNTEER PURCHASE/ DONATION**

PLEASE ATTACH COPY OF RECEIPT

ITEMS: \_\_\_\_\_ COST: \_\_\_\_\_ PREP TIME (HOURS) \_\_\_\_\_

**VOLUNTEER WORK TIME**

SPECIFIED DUTY \_\_\_\_\_ SHIFT TIME & DATE \_\_\_\_\_ # HOURS \_\_\_\_\_

**PLEASE GIVE THIS RECORD TO COMMITTEE CHAIR WITHIN 10 DAYS OF EVENT. THIS IS THE ONLY RECORD OF YOUR POINTS.**

OGBC USE ONLY:  
TOTAL POINTS \_\_\_\_\_ COMMITTEE CHAIR SIGN \_\_\_\_\_ POINTS CHAIR SIGN \_\_\_\_\_

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