



Ballet Midwest, Inc.
In-Kind Services/Volunteer Hours

Name: _____
(Please print)

Service(s) Performed: _____

Date of Service: _____

Number of Hours Involved: _____

Donation: _____ Cash Value: _____

Receipt Attached
Yes No

Signature

Date

Please return forms to the *Ballet Midwest-Volunteer Hours mailbox*
at the office of Barbara's Conservatory of Dance.