

This is Exhibit D referred to in the affidavit of Kyara Sandoz sworn before me, this 19 day of Nov 20 15

[Signature]

Representing Management Exclusively in Workplace Law and Related Litigation A Commissioner for taking affidavits

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February 11, 2014

VIA E-MAIL ONLY

Kelly Kane
Protected Service Agent
Washington Department of Labor & Industries
Employment Standards Program
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Re: Western Hockey League and Affiliated
Teams—Everett Silver Tips,
Seattle Thunderbirds, Spokane Chiefs,
and Tri City Americans

Dear Ms. Kane:

This letter is in response to the recent inquiries from the Washington Department of Labor & Industries (LNI) to the Everett Silvertips, Seattle Thunderbirds, Spokane Chiefs, and Tri-City Americans, teams from the Western Hockey League (WHL). This letter and related evidence establish that the hockey players in the WHL are amateur athletes, not employees. The WHL's member teams provide each amateur athlete on their teams with an education, sports training, and a post-secondary academic scholarship. The players are in the same position as other amateur athletes playing in elite leagues on their high school teams or in the NCAA. They are not employees. Moreover, the players and their families know that they are making an agreement to play amateur hockey at the highest level of competition without becoming professional hockey players.

A. Amateur Athletes in North America Are Not Employees.

Amateur sports in North America come in many varieties—all of which are voluntary and do not create an employment relationship. There are Amateur Athletic Union (AAU) programs for various sports—basketball likely being the most prominent. AAU basketball programs require that young

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athletes pay to play, often forcing the athletes' parents to pay for training, equipment, and travel to and from tournaments.¹ There are year-round swim teams through USA Swimming, which similarly require parents to pay for training, equipment, and travel to and from national swimming competitions. Again, travel can require gas, airfare, and hotel stays.

There are also a variety of youth soccer programs, from recreational leagues to the U.S. Soccer Developmental Academy.² Furthermore, there are private high schools, such as the IMG Academy, dedicated to training student-athletes to become professional athletes and future Olympians. IMG can cost parents more than \$65,000 for each year their child attends IMG.³ Even public high schools have sports that can be expensive. Some parents spend tens of thousands of dollars—sometimes more than \$100,000—to provide their children the opportunity to train with elite coaches and compete against elite competition, all while attending school, which may or may not be paid for by the parents.⁴

Many of the athletes who participate in these paid programs hope to showcase their talents so they can obtain an athletic scholarship for college and, for a select few in sports such as football, basketball, baseball, soccer or hockey, they may hope to ultimately “go pro” after college.

The most well-known amateur athletes in the United States are likely college athletes. If a young athlete is fortunate enough to earn an athletic scholarship for college, he or she will be required to participate in mandatory practices, travel for games, and dedicate much of his or her time to athletic competition to maintain their scholarship.⁵ It is no secret that these athletes' lives are consumed by the sport of their choice and education. **Yet, none of these athletes are employees. They do not have an employment relationship with their respective teams or schools.**

The same holds true of those playing for teams in the WHL.

B. Amateur Hockey in North America

Junior hockey, an amateur level of hockey, was first played in Ontario in 1893. The Canadian Hockey League (CHL) is a non-profit Major Junior Hockey league. It is a member of Hockey Canada,

¹ See http://www.nytimes.com/2009/03/22/magazine/22basketball-t.html?pagewanted=all&_r=0 (last viewed Feb. 13, 2014); <http://www.nytimes.com/1997/07/27/sports/disney-gives-kids-chance-to-play-like-the-pros.html> (last viewed Feb. 13, 2014).

² U.S. Soccer Academy players play a 10-month schedule, train three to four days a week, and play games on weekends. These amateur athletes are not permitted to play high school sports. See, <http://www.ussoccer.com/teams/development-academy/academy-overview.aspx>. Like the WHL, the goal of U.S. Soccer is to prepare athletes to compete at the next level. Like the WHL's players, players at the U.S. Soccer Academy are amateur athletes, not professionals and not employees.

³ http://www.imgacademy.com/sites/default/files/Team_Academy_Rate_Card.pdf; <http://sportsillustrated.cnn.com/vault/article/magazine/MAG1027520> (last viewed Feb. 12, 2014). There are also private, boarding high schools that have quality hockey programs. One such school is Culver Academy in northern Indiana. Culver Academy is a prestigious academic school that also has advanced athletic programs, including a hockey program. Culver Academy costs \$41,000 per year for school and boarding. See <http://www.culver.org/athletics-page/boys/sport/hockey/overview> (last viewed, Feb. 12, 2014); <http://www.culver.org/admissions/apply-to-culver/tuition-fees> (last viewed, Feb. 12, 2014).

⁴ See <http://abcnews.go.com/US/olympics/olympians-parents-feel-debt-achieving-gold/print?id=16940902> (last viewed Feb. 12, 2014).

⁵ See <http://www.usnews.com/education/blogs/the-college-solution/2010/06/22/7-things-you-need-to-know-about-sports-scholarships> (last viewed, Feb. 12, 2014).

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the governing body of amateur hockey in Canada, and the CHL member teams in the United States are members of USA Hockey, the equivalent governing body for amateur hockey in the United States. The CHL is the highest level of amateur hockey in Canada and is categorized by Hockey Canada and USA Hockey as Major Junior hockey. The next tier of junior hockey under the CHL is the Junior A category.

The Western Hockey League (WHL) is one of three member leagues in the CHL.⁶ The WHL presently consists of 22 hockey teams—17 in Canada and five in the Pacific Northwest. Four of the five WHL member teams in the Pacific Northwest are in Washington: (1) Everett Silvertips; (2) Seattle Thunderbirds; (3) Spokane Chiefs; and (4) Tri-City Americans. All of these teams and their players are registered with Hockey USA.

WHL major junior hockey teams first played in the United States in Portland, Oregon in 1976. A Seattle team—then known as the Seattle Breakers—began in Seattle in 1977. In 1985, the Seattle team became known as the Seattle Thunderbirds. In 1980, the Spokane Flyers were granted a franchise, but the team only survived for about a season and a half. A team returned to Spokane in 1985 as the Spokane Chiefs. In 1988, a team moved to the Tri-Cities and became the Tri-City Americans. The Everett Silvertips received an expansion franchise in 2003. Throughout the history of the four teams, various individuals and group concerns have owned the hockey clubs.

While the WHL operates in Canada and the Pacific Northwest, there is also a U.S.-based league known as the United States Hockey League (USHL), which is also classified by USA Hockey as a major junior level category. The USHL is also a member of USA Hockey. The USHL has 16 member teams, generally located in the Midwest. Each year, the USHL has a draft through which each team chooses elite hockey players as young as 16 years of age. USHL players generally range in age from 16 to 20. If a player is drafted by a team and agrees to participate, the team that selects the player arranges and pays for the player to move to the location of the hockey team (e.g., Fargo, North Dakota or Chicago, Illinois). The team also arranges and pays for the player's living expenses with a billet family and for the player to attend high school.⁷

To our knowledge, no court or tribunal has ever held that the relationship between USHL teams and their amateur hockey players is one of employment. The same holds true for the WHL.

C. Youth Hockey in Washington State

Aside from the WHL, Washington does not have high level competitive hockey. According to USA Hockey, in the 2012-2013 season, just 7,911 or only 2% of all youth hockey players in the United States resided in Washington.⁸ Hockey competition is not sanctioned by the Washington Interscholastic Activities Association.⁹ While there are options for progressing to an intermediate amateur level of competition, Washington does not offer a league where elite amateur hockey players can play against

⁶ The others are the Ontario League and the Quebec League. Each year the champion teams of each league compete with one another to determine an overall CHL champion.

⁷ See http://www.ushl.com/index.php?item_id=2435 (last viewed, Feb. 12, 2014); http://www.ushl.com/index.php?item_id=2450 (last viewed, Feb. 12, 2014).

⁸ See <http://usahockey.com> (membership statistics under the membership tab); http://assets.ngin.com/attachments/document/0043/6189/2012-2013FinalReports_1.pdf.

⁹ See <http://www.wiaa.com>, <http://www.wiaa.com/subcontent.aspx?SecID=906>.

one another—except for the WHL. While there are a few Bantam (13-14 year old) and Midget (15-16 year old) teams in the State, there is not the concentration of hockey players necessary for the highest level of competition to develop compared to other geographic areas.

A Washington resident showing adequate promise and development, and seeking to grow his hockey skills must either seek to be drafted in the NAHL (which has one team in Wenatchee) or USHL, and then move to the Midwest or elsewhere to play in a developmental league; or, if selected, to play in the WHL. Some younger players even voluntarily move away from their families (with parental consent) to places like California to compete in elite Bantam and Midget amateur hockey, while hoping for a shot at the USHL or the WHL.

While the WHL has several teams in the area, including relatively nearby in Canada, the other top US amateur league (the USHL) has no operations nearby. The closest USHL teams are in Fargo, North Dakota, Sioux Falls, South Dakota and Omaha, Nebraska. For this reason alone, a serious hockey player from Washington who is drafted into the WHL will very likely give serious consideration to playing for the WHL team drafting him. There is little other choice in the Pacific Northwest. Playing in the WHL is the only option to play at the highest level in the North American hockey development system without relocating to the Midwest or East.

D. The WHL, Unlike the USHL, Offers Its Players Post-Secondary Academic Scholarships in Addition to the Compulsory Education Already Provided by the WHL.

The NCAA allows players who graduate from the USHL to play collegiate hockey in the NCAA. However, despite the readily apparent similarities between the USHL and WHL, the NCAA has ruled that a hockey player either (1) signing the Standard Player Agreement with a team; or (2) playing in even one exhibition or regular season game in the WHL, sacrifices his NCAA eligibility entirely. This probably relates to the fact that an NHL team can draft a CHL player between the ages of 18 and 20, but choose to return him to his developmental league for further skill development. Signing the NHL contract technically makes the player a professional in the eyes of the NCAA,¹⁰ even though the benefits the player receives are no different than those received from the WHL team where he plays.

Even though the NCAA has taken this position, CHL players are not disqualified from university-level competition in Canada. They can still obtain hockey scholarships to Canadian colleges and universities to play hockey while obtaining an education and, in fact, many players do so. Moreover, to provide even greater educational opportunities, the WHL requires that its teams offer a post-secondary academic scholarship to players so the players have similar financial access to college within the United States as NCAA players. Unlike the USHL, for each season a player plays in the WHL, in addition to the schooling and tutoring he receives while playing (at a local high school, community college or university), the player earns a one-year scholarship to a university, college, or trade school of his choice, with financial benefits equivalent to attending a state university in his home state or province. The scholarship includes tuition, textbooks, and compulsory fees. The WHL is a leading provider of post-secondary academic scholarships in Canada. The following are statistics regarding the WHL scholarship program and those who have benefited from it:

¹⁰ Notably, the NHL does not consider a player a professional in these circumstances until he has played ten NHL games.

- Since 1993, the WHL has awarded over 4,900 WHL Scholarships representing an investment in excess of \$15.4 million by WHL member teams in their players' education.
- During the 2013-2014 academic year, the WHL awarded more than 400 scholarships to current and former players.¹¹
- The WHL and Athabasca University have a partnership which allows players in all WHL centers to access University courses online while playing in the League.
- Close to 70% of all college hockey players in the Canadian University West Conference (16 universities at present) are WHL graduates.
- WHL Scholarship recipients are enrolled as full time students in 78 different post-secondary institutions throughout North America.

Importantly, the provision of an education benefit to young hockey players no more makes the player an employee than would a University of Washington basketball player be an employee of the University because he received a tuition-free education and has his living expenses and books paid by the University (which is happening now for about 14 young men and 14 young women on the UW basketball teams).

E. The WHL Offers an Alternative Path to Play High Level Competitive Hockey and Obtain a College Education in North America

Based on the above, there are four paths for highly talented hockey players in Washington to obtain a quality high school education and compete at a high level of amateur hockey:

1. **Private Schooling.** A player and his family can pay for him to attend a private boarding high school with a competitive hockey team, like the Fountain Valley School of Colorado;¹² Culver Academy in northern Indiana;¹³ Shattuck-St.Mary's in Fairbault, Minnesota,¹⁴ or IMG Academy in Florida.¹⁵ The player would obtain a quality education and play competitive sports for an elite high school if he took this route. It would cost his family between \$40,000 and \$65,000 per year. With this option, there is no guarantee that the player will obtain a college scholarship or advance to a high level of hockey prowess.

¹¹ This includes 100 players who were attending college while playing in the WHL.

¹² http://www.boardingschoolreview.com/school_ov/school_id/331 (last viewed, Feb. 12, 2014) (stating boarding tuition of \$48,600); <http://www.fvs.edu/podium/default.aspx?r=142820> (last viewed, Feb. 12, 2014) (note three Washington residents registered as playing on this varsity team) According to [boardingschoolreview.com](http://www.boardingschoolreview.com), Fountain Valley School is the only boarding school with a hockey team in the Western U.S.

¹³ <http://www.culver.org/athletics-page/boys/sport/hockey/overview> (last viewed, Feb. 12, 2014); <http://www.culver.org/admissions/apply-to-culver/tuition-fees> (last viewed, Feb. 12, 2014).

¹⁴ <http://ssmnhockey.org/> (citing SSM's 20-year history in youth hockey and seven month per year practice and playing schedule); <http://www.s-sm.org/admissions/affording-ssm/> (domestic boarding tuition of \$43,675, uniforms, fees and books of \$700-1,400/year and center of excellence fees for hockey of \$5,000 per year, for total attendance cost of up to \$50,075 per year).

¹⁵ http://www.imgacademy.com/sites/default/files/Team_Academy_Rate_Card.pdf; <http://sportsillustrated.cnn.com/vault/article/magazine/MAG1027520> (last viewed Feb. 12, 2014).

2. **Relocation.** A player and a parent or adult family member could relocate to Arizona, California or Colorado, where a higher level of competition exists for Bantam and Midget players.
3. **The USHL.** If selected, a player and his family can choose to allow him to play highly competitive hockey in the Midwest. Assuming the player is selected, this option creates no additional expense for the player's family if the player can get by without additional family funds while billeted. The USHL does not have a generous expense reimbursement. The player receives a high school education and has the opportunity to play competitive, amateur hockey at a high level. While the player maintains his NCAA athletic eligibility, there is no guarantee that the player will obtain a college scholarship and he will be required to compete in the same manner he would in the WHL.
4. **The WHL.** If selected, and provided that he makes the team after the initial tryout camp in August each year, a player can join the WHL and play for one of its teams. If selected by a team in Washington or Western Canada, the player will be relatively close to home. In reality, very few 16 year olds (those born any time in 1997) will make the teams in their first year of tryouts.¹⁶ Most players do not make the teams until they are at least 17, and most who do make the teams spend their 15 and 16-year old competition years outside the State of Washington continuing to develop. However, if the player earns a spot on the team, the player will play some games in the state of Washington by virtue of the teams' schedules. This option creates no additional expense for the player's family. He receives a high school education and has the opportunity to play competitive, amateur hockey at the highest amateur level. While the player will lose his NCAA athletic eligibility, he maintains eligibility to play collegiate hockey on a scholarship at a Canadian college and he receives an academic scholarship through the WHL's scholarship program no matter where he attends school.

The difference between the WHL and other amateur athletic programs like high school sports, AAU, and the USHL, is that the WHL provides the players with quality equipment, room and board, a free high school education, *and* scholarships to college or a post-secondary institution of their choice. None of the other options provide all of these benefits. If the WHL did not exist, the parents of the players would have to spend tens of thousands of dollars trying to provide these same benefits for their children.

We are not aware of any legal authority in the state of Washington, or anywhere else, that concludes these player-team relationships create an employment relationship. If they did create an employment relationship, there would be no boarding schools for high school athletes, no AAU programs, no USHL, no NAHL (including the Wenatchee team) and no other amateur organization providing these opportunities.

¹⁶ Currently, the Teams rosters show the following: Seattle: 3-16s, 5-17s, 3-18s; Everett: 4-16s, 3-17s, 8-18s (2 under 18 as of 08/01/2013); Tri-City: 4-16s, 6-17s, 6-18s (2 under 18 as of 08/01/2013) Spokane: 1-16s, 8-17s, 6-18s (1 under 18 as of 08/01/2013).

F. WHL Players on the Everett Silvertips, Seattle Thunderbirds, Spokane Chiefs, and Tri-City Americans Are Not Employees.

For at least 37 years (since 1977), the WHL teams have been playing the highest level of major junior amateur hockey in Washington. For those 37 years, the state of Washington has allowed these teams to operate as amateur sporting teams. The state has never claimed the players who volunteer to participate as student-athletes are employed by the hockey teams. As the Supreme Court noted in *Christopher v. SmithKline Beecham Corp.*, where there is a lengthy period of inaction by the government regarding a particular industry practice, it is very likely that the practice is lawful. 132 S. Ct. 2156, 2168 (2012). The Seventh Circuit Federal Court of Appeals has similarly noted that while it may be ‘possible for an entire industry to be in violation of the [FLSA] for a long time without the Labor Department noticing,’ the ‘more plausible hypothesis’ is that the Department did not think the industry’s practice was unlawful” (citing *Yi v. Sterling Collision Centers, Inc.*, 480 F.3d 505, 510-511 (2007)).

Such is the case with the WHL teams who are the subject of the Department’s present inquiry. They do not have an employment relationship with their players and the State of Washington has agreed with this position for nearly four decades.

Definitions of employment under Washington law provide little help for this inquiry. RCW 49.12.005 governing Industrial Welfare, has a circular definition of “employee”—“[one] who is employed in the business of the employee’s employer whether by way of manual labor or otherwise.” RCW 49.46.010 defines “employ” as “includes to permit to work.” Clearly, the players are not engaged to work, but rather, are coached to develop as hockey players. While not dispositive because intended for a different relationship, RCW 49.12.320 (governing minor house-to-house sales) provides a more robust definition of employment:

“Employ” includes to engage, suffer, or permit to work, but does not include voluntary or donated services performed for no compensation, or without expectation or contemplation of compensation as the adequate consideration for the services performed . . .

The WHL teams and players do not intend a relationship of work, but rather one of development and hockey competition. In fact, in their agreement, both parties agree that the relationship is specifically not one of employment. It is an agreement to provide an opportunity to develop as a hockey player. The teams do not engage the players to work, but rather to play a sport—ice hockey. The parties are clear that what the player will gain is training in the highest quality hockey development program where their expenses are covered. It includes a free education, scholarship opportunities, and high level competition with the opportunity to play hockey at an increasingly higher level. See Exhibit A (Standard Player Agreement).

Notably, the WHL Standard Player Agreement specifically provides, “the parties agree this Agreement is not a contract of employment between the Club and the Player.”¹⁷ No wages or salary are set forth in the Agreement, consistent with the fundamental relationship of athlete and hockey team.

¹⁷ Exhibit A, paragraph 1.1(a).

Rather, benefits for relocation, lodging, subsistence and expenses, and educational assistance are provided, including tutoring as needed.

These hockey players have been treated as amateur athletes since 1977 in Washington. The conclusion that players in the WHL are not employees is well founded and consistent with the treatment of non-employees in other circumstances. While there is no Washington authority on point, there is substantial guidance from the federal courts which have held that persons in similar training circumstances, such as the players here, are not employees within the meaning of the Fair Labor Standards Act ("FLSA"), 29 U.S.C. 201, et seq., which contains similar definitions as the Act regarding the term "employee."¹⁸ The same conclusion applies here.

While the WHL Teams believe they offer a higher level of training in hockey than is available elsewhere in Washington, the training its players receive is analogous to what they would receive at a hockey camp, playing for another club, high school, college or national team at an equivalent level in other parts of the United States. In this circumstance, the players choose whether to play for the team, play in another league, remain with their club team, or play for their high school, a boarding school, or college.¹⁹ The decision to play for a WHL team is entirely the player's decision.

Playing for a WHL Team provides the opportunity for a player to advance his hockey development. By playing in this league, the players train with and compete against other extraordinary athletes. This training benefits the players' hockey development and helps the players achieve their dreams of competing at the highest international, professional and/or collegiate levels. The players do not displace any "employees," but rather, the players receive substantial training from world-class coaches. Upon completion of playing for their Team (which is only available to players aged 16-20), they are not offered employment with the Team. There is no "employment" of the players at any time in the relationship.

The players have no expectation of being paid wages. Both the players and the Team have a clear understanding that they will not be paid wages for their training. Their relationship is fully

¹⁸ See *Walling v. Portland Terminal Co.*, 330 U.S. 148 (1947); *Walling v. Nashville, Chattanooga & St. Louis Railway*, 330 U.S. 158 (1947) (brakeman trainees were not employees within the meaning of the FLSA); *Solis v. Laurelbrook Sanitarium and School, Inc.*, 642 F.3d 518 (6th Cir. 2011) (students at boarding school who worked in sanitarium were not employees); *O'Neill v. East Florida Eye Inst.*, 2012 U.S. Dist. Lexis 185699 (S.D. Fla. Apr. 17, 2012) (students enrolled in Med Vance Institutes medical billing and coding specialist program not employees when completing unpaid externship for third party); *Williams v. Strickland*, 87 F.3d 1064 (9th Cir. 1996) (participant in six month rehabilitation program that included work therapy was not an employee, despite working on a full-time basis while at the program); *Donovan v. American Airlines, Inc.*, 686 F.2d 267 (5th Cir. 1982) (flight attendant trainees and airline reservation sales agent trainees were not employees while in training at the airline's learning center).

¹⁹ As the Supreme Court in Massachusetts held in *Kavanagh v. Boston University*, 440 Mass. 195, 198-199, 795 N.E.2d 1170 (2003): "Students attend school to serve their own interests, not the interests of the school. 'The student is a buyer of education rather than an agent . . . [A] student retains the benefit of that education for himself rather than for the university.'" *Hanson v. Kynast*, 24 Ohio St. 3d 171, 174, 24 Ohio B. 403, 494 N.E.2d 1091 (1986) (member of university lacrosse team not "agent" of university). While schools may benefit in various ways from the presence of a particular student, or may benefit in the future from a former student's later success, the student does not attend school "to do the school's bidding." The same holds true here. The players compete in the WHL to develop their hockey skills. While there may be an incidental benefit to the Team from the player's participation with the team, the real benefits from participation in the WHL—hockey development and a free education—flow solely to the player.

explained in their WHL agreement, which for minors requires parental consent, and requires the players consult with an attorney (or waive consultation).

Finally, the international community, as well as the United States, treats Junior Hockey as an amateur sport, and that has been the case for more than a century. This is consistent with the treatment of other high-level amateur athletes in the United States. The WHL and its CHL counterparts represent the highest level of development and training available to the amateur hockey player. In the WHL, players develop their hockey skills by training with and playing against the best amateur competition in the world. Players from the WHL are selected to represent Canada, the United States, and other countries in major international competitions such as the World Junior Championship (under 20 age category) and the Under 18 and Under 17 World Championships.²⁰ This event is sanctioned by the International Ice Hockey Federation (IIHF) for amateur hockey players participating with their member federations. The top players are recruited into the NHL or one of the other professional leagues. The remaining players may go on to play for a college or university in Canada. For those players who have achieved their highest level of development in the WHL, they have the opportunity to attend college on an academic scholarship through the WHL and generally pursue careers or occupations outside of hockey. As such, there is no practical difference between athletes who compete in the WHL and those that compete in any other high level amateur sport, whether it is soccer, football, basketball, track, or another sport.

In summary, the players who play for the four Washington-based Teams of the WHL represent the top amateur hockey athletes in the world. Despite this fact, they are amateurs, not professional players and, as such, are not employees of the teams. Therefore, RCW 49.12 does not govern their participation with the Teams.

G. Typical In-Season Life of a Washington-based WHL Hockey Player Shows the Relationship is Training and Development, not Work.

Because each team has some 16 and 17 year old players, as well as a limited number of 18 year old players who have not completed high school, each Team has developed a close relationship with a local high school in its community. While the timing of the rhythm between school and hockey varies at each location, there is a remarkable parallel in terms of the overall schedule.

In general, the high school students enrolled in high school attend school in the morning. Some students elect to take some or all of their courses online. The high school players then report to the ice rink in the afternoon. Usually, on a non-game day, the older players (the graduated 18s, 19s and 20s) are already present at the rink, and have often completed a workout.

The players practice for about 90-120 minutes at most, and frequently less on non-game days, inclusive of any mandatory conditioning training. After practice, the players are free to leave, although some stay at the rink and either work out or receive athletic treatment, if needed. Thereafter, the players leave and are free to go about their personal business, returning home or taking personal time. On

²⁰ This past year, 70 players from the WHL represented their countries as amateur hockey players in the various levels of international competition. All of the world-wide sanctioning bodies for ice hockey, save only the NCAA, consider this level of hockey to be amateur hockey competition. As such, WHL players play right alongside USHL or NCAA players in international competition.

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non-game days, players will be at the team facility for around three to four hours a day, including time hanging out with teammates at the rink. This schedule is very similar to that of any other serious high school athlete who spends his or her free time training, competing and bonding with teammates.

On days when there is a home game, the players attend classes and follow their own pre-game routine. The players report to the rink about two hours prior to game time. Food is available for the players throughout warm up time and games. The game itself usually lasts about two to two and one-half hours. Following a game, players are free to leave at their leisure. On these days, players are at the rink for approximately four hours.

For away games, the Team will travel either the day before or the day of the game, depending upon the distance. Particularly during any weeks where the student-athletes will be on the road all or most of the week, arrangements are made for the players to complete their schoolwork. This is closely managed back home by an education coordinator who monitors the high school students in their academic progress and ensures that credits earned in school will transfer back to the player's home school. During the day, there is usually an optional one-half hour skate in the morning. The rest of the day is free for the players to do homework, eat, relax, or go about their personal business. Typically, for away games, the players will report to the rink around 5:00 p.m. Like home games, the away games generally start at 7:00 p.m. and end around 9:30 p.m. The players typically return to their hotel by around 10:00 p.m. and are free to go to sleep or go about their personal business. The day after a game is usually a travel day, but may involve another game at a nearby Team's venue. On the days the Team plays an away game, the players are involved in required team activities for no more than four hours. The number of days that a particular Team is in overnight travel status varies from around 22-36 per season, depending upon the Team's home base.

On occasion, the players also may be involved in local charity events, or perform community service, such as speaking at local schools.²¹ While participation in these events is encouraged by the Team, player participation in such events is voluntary.

II. Teams Employing Minor Employees in Game Day Operations Have Complied with Minor Work Permit Requirements.

To show that the above-referenced teams in the WHL comply with relevant labor laws, attached, please find documents concerning their employment of minors and compliance with relevant labor laws in the state of Washington. See Exhibits B, C, D, and E. Each team recognizes its responsibility to comply with minor work rules for those that it actually employs in game-day operations. The players are not employees.

²¹ Because the 16, 17 and 18 year-old players are usually in school, the older players generally take these opportunities for community service.

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I. Conclusion.

If you have any questions regarding the position of the WHL and its member teams or their compliance with labor laws regarding employment of minors in the State of Washington, please do not hesitate to contact me at any time.

Sincerely,

JACKSON LEWIS P.C.


Barry Alan Johnsrud

Attachments

cc: David Nenni (david.nenni@jacksonlewis.com)
Clients

4852-3657-0136, v. 7

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EXHIBIT A
**(Western Hockey League
Standard Player Agreement
Terms and Conditions Schedule)**

WHL 08/2013



**WESTERN HOCKEY LEAGUE
STANDARD PLAYER AGREEMENT**

TERMS AND CONDITIONS SCHEDULE

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WESTERN HOCKEY LEAGUE
STANDARD PLAYER AGREEMENT

TERMS AND CONDITIONS SCHEDULE

INTRODUCTION – POLICIES AND PROCEDURES

- 1) The Western Hockey League ("WHL") is a non-profit corporation, a member of the Canadian Hockey League ("CHL"), and a member of Hockey Canada.
- 2) All WHL Players are amateur athletes registered with Hockey Canada or USA Hockey.
- 3) The WHL shall approve and register all agreements between the Club and the Player. The WHL will approve and register only those agreements between the Club and the Player which:
 - a) use the WHL Standard Player Agreement (the "Agreement");
 - b) are duly executed by the Club, the Player, and, where necessary, the parents or guardian of the Player; and
 - c) comply with the regulations of the WHL, as amended or supplemented from time to time.
- 4) **Any oral agreements, representations, promises or incentives which are not included in writing in the Agreement, or which are contrary to the regulations of the WHL, are void.** For information regarding the regulations of the WHL, you may contact the WHL Office in writing at 2424 University Drive NW, Calgary, Alberta, Canada T2N 3Y9, by phone at (403) 693-3030, by email at info@whl.ca or by facsimile transmission at (403) 693-3031, ("WHL Office").
- 5) This Agreement is to be executed by the Club, the Player, and, where necessary, the parents or guardian of the Player. After execution by the Player, the Club and, for Players under the age of majority, the parents or guardian of the Player, the Agreement shall be forwarded by the Club to the WHL Office for approval and registration by the WHL by email, fax or overnight courier. The Agreement will not become effective until it has been approved by, and registered with, the WHL. If approved, the Agreement will be endorsed by the WHL within five (5) business days of receipt of the Agreement by the WHL Office. The WHL will notify the Club that the Agreement has been approved following which the Club will notify the Player of the approval. Should the WHL not approve the Agreement, the Club and the Player will be advised in writing by the WHL Office, including the reasons for non-approval, within five (5) business days of receipt of the Agreement by the WHL Office.
- 6) If, within five (5) business days of receipt by the WHL Office of the Agreement, the WHL has not approved the Agreement, or if, within five (5) business days after receipt by the Club of the Agreement from the WHL Office, the Club fails to provide the Player with a copy of the fully signed Agreement with the written approval of the WHL endorsed thereon, then the Agreement shall be void, and as a consequence, no party shall have any obligations under the Agreement.
- 7) The contents of the Agreement are strictly confidential to the parties concerned. Any reproduction or distribution of the Agreement by the Player or the Player's parents or guardian, without the prior written consent of the WHL, is strictly prohibited.

For Further Information:

Western Hockey League
2424 University Drive NW
Calgary, Alberta T2N 3Y9
Canada

Phone: (403)693-3030
Fax: (403)693-3031
e-mail: info@whl.ca



WESTERN HOCKEY LEAGUE
STANDARD PLAYER AGREEMENT

TERMS AND CONDITIONS SCHEDULE

ARTICLE 1 – CONSTRUCTION

- 1.1 (a) **"Agreement"** or **"this Agreement"** means the WHL Standard Player Agreement entered into between a member franchise of the WHL ("Club") and the hockey player ("Player") inclusive of this Terms and Conditions Schedule. The purpose of this Agreement is to define the obligations of the Club and Player as the parties to this Agreement. The parties agree that this Agreement is not a contract of employment between the Club and the Player. This Terms and Conditions Schedule is incorporated by reference into and forms part of the WHL Standard Player Agreement.
- (b) **"Hockey Season"** means the period that commences each year at the start of training camp, includes pre-season and regular season games, and ends on the date of the Club's last game during the WHL regular season, the playoffs or the Memorial Cup Championship, whichever is later;
- (c) **"normal and regular place of residence"** means, as applicable, the normal and regular place of residence, at the relevant time, of:
 - (i) the Player's parents,
 - (ii) the parent with whom the Player normally resides if the parents are separated, or
 - (iii) the Player's guardian or former guardian.
- (d) **"post-secondary educational institution"** includes publicly funded technical, trade and/or continuing education schools, colleges, universities and professional training schools or programs, and any other type of school or program the WHL may, in its sole discretion, acting reasonably, designate from time to time as a "post-secondary educational institution" under what is known and commonly referred to by the WHL as the "WHL Scholarship Program".
- (e) **"regulations"** means those in place from time to time, as amended or revised.
- (f) **"rules"** means those in place from time to time, as amended or revised.
- (g) **"sanctioned"** hockey games or tournaments, events, or activities means:
 - (i) all WHL exhibition, preseason, regular season, all-star, and play-off games and the Club's scheduled team practices and training sessions
 - (ii) all CHL National Special Events, including, but not limited to All-Star Games or international series, the CHL Top Prospects Game and all games in the Memorial Cup Championship, and
 - (iii) the annual World Junior Hockey Championships, the Under-18 World Hockey Championship Tournament, the Under-17 World Hockey Challenge Tournament, or similar events approved by the Club and the WHL and all scheduled or organized tryouts, team practices and team training sessions leading to such championships, tournaments or games,
 and includes:
 - (iv) all Club or WHL scheduled or organized events or activities attended by the Player which the Club or the WHL has obligated the Player to participate in,
 - (v) all other events or activities in relation to the games, tournaments and championships referred to in items (i), (ii) and (iii) above which events or activities are scheduled or organized by the Club, the WHL, the CHL, Hockey Canada, USA Hockey, the International Ice Hockey Federation ("IIHF") or any provincial governing hockey associations attended by the Player and which the Club, the WHL, the CHL, Hockey Canada or the provincial governing hockey associations has obligated the Player to participate in, and

- (vi) all travel in relation to the games or tournaments, events or activities referred to above that has been scheduled or organized by the Club, the WHL, the CHL, Hockey Canada, USA Hockey, the IIHF or the provincial governing hockey associations.
 - (h) "Term" has the meaning ascribed to it in paragraph 2 of the WHL Standard Player Agreement
 - (i) "WHL Standard Player Agreement" means the WHL Standard Player Agreement entered into between the Club and the Player, of which this Terms and Conditions Schedule forms a part.
- 1.2 Words and phrases used in this Terms and Conditions Schedule but not defined herein, have the meaning ascribed to them in the WHL Standard Player Agreement.
- 1.3 A reference in this Terms and Conditions Schedule to an Article, paragraph or subparagraph is a reference to an Article, paragraph or subparagraph of this Terms and Conditions Schedule unless otherwise specifically provided.

ARTICLE 2 -- TRAVEL, TRAINING, ROOM AND BOARD, EDUCATION -- CURRENT PLAYER

- 2.1 Commencing September 15 of each Hockey Season, subject to the provisions of this Agreement and while the Player is on the Club's active player roster, the Club shall reimburse the Player for certain costs incurred by the Player on behalf of the Club in respect of the travel and training expenses as set forth in paragraph 3 of the WHL Standard Player Agreement Execution Schedule. This reimbursement shall be limited by and paid in accordance with the regulations of the WHL.
- 2.2 The reimbursement due and owing to the Player under paragraph 2.1 shall be paid by the Club to the Player on or about the last business day of each applicable month of the Hockey Season.
- 2.3 The Club shall arrange for and pay or cause to be paid, as the case may be, the Player's reasonable room and board expenses commencing the day the Player reports to the Club, in accordance with the Club's direction, until the end of the Hockey Season.
- 2.4 If the Club requires the Player to relocate from his normal and regular place of residence to the city where the Club is located, the Club shall reimburse, pay or cause to be paid, as the case may be, in each year of this Agreement such amounts as are reasonably expended for such relocation by the Player, including:
- (a) reporting to the Club from his permanent residence at the commencement of each Hockey Season;
 - (b) at the conclusion of each Hockey Season, returning to his permanent residence; and
 - (c) one return trip during the Christmas holiday season of each Hockey Season to and from his permanent residence.
- 2.5 The Club will, during the Term of this Agreement, arrange for the Player's enrollment in a high school or assist with registration in a post-secondary educational institution during the fall and winter term, in the city where the Club is located, and will pay or cause to be paid, the reasonable expenses related to tuition fees, compulsory student fees (excluding premiums for health services, which may include medical and dental insurance fees) and textbooks directly related to the Player's course of study (including any applicable sales taxes and goods and services taxes). The obligation of the Club under this paragraph 2.5 to pay the Player's reasonable expenses related to tuition fees, compulsory student fees (excluding premiums for health services, which may include medical and dental insurance fees) and textbooks shall be limited to an amount which reflects, as a benchmark, the reasonable expenses of a Player attending a mainstream general program of study (mainstream general program of study to be defined as an undergraduate arts, science or general studies program). The Club will, during the Term of this Agreement, also reimburse or cause to be paid, the reasonable expenses associated with retaining qualified tutors and educational advisors, as deemed reasonably necessary by the Player and the Club, to assist the Player in his academic studies. Such academic assistance is predicated on the Club's requirement that the Player's hockey playing necessarily requires significant absence from the regular hours of schooling, and, as such, the Club is providing reimbursement for what would otherwise be provided to the Player by the public education system.

ARTICLE 3 – WHL SCHOLARSHIP PROGRAM – GRADUATE PLAYER

- 3.1 (a) (i) Subject to the provisions of paragraphs 3.1(d) and 3.2, the Player shall be eligible for the WHL Scholarship Program pursuant to which the WHL will provide scholarships in respect of the Player's educational costs to enroll in and attend a post-secondary educational institution as a full time student following completion of the Player's WHL playing term. The WHL Scholarship Program covers:
 - (A) one half of an academic year if the Player is on the Club's roster on October 11 or at any time thereafter up to and including January 10 of any Hockey Season; and
 - (B) one half of an academic year if the Player is on the Club's roster on January 11 of any Hockey Season;

provided however, the Player's WHL Scholarship will be limited to a maximum of one academic year for each Hockey Season or portion thereof played in the WHL to a maximum of five (5) academic years, regardless of the number of Hockey Seasons or portions thereof that the Player has played in the WHL.

- (ii) The Player's WHL Scholarship covers the costs and expenses of tuition fees, compulsory student fees and textbooks directly related to the Player's course of study, including any applicable sales taxes and goods and services taxes to attend, as a full time student, the publicly funded post-secondary educational institution designated by the Player (in accordance with the WHL Standard Player Agreement) in a province of Canada or a state of the United States of America where the Player normally and regularly resides (the "designated post-secondary educational institution"). In the event the Player enrolls in and attends a post-secondary educational institution other than the designated publicly funded post-secondary educational institution, the Player's WHL Scholarship under this paragraph 3.1 shall, subject to paragraph 3.2, be limited to an amount which does not exceed expenses of a similar program of study at the publicly funded post-secondary educational institution designated by the Player.
- (b) Amounts payable by the WHL for tuition fees and compulsory student fees shall be limited to the amount published in the official school handbook, calendar or other relevant publication of the designated postsecondary educational institution for the academic year in which the Player is enrolled and attends a post-secondary educational institution, subject to the provisions of paragraph 3.2. Upon receipt by the WHL of evidence of the Player's enrollment in a post-secondary educational institution together with an invoice from that institution for tuition and compulsory student fees, the WHL will, subject to the provisions of paragraphs 3.1(a), 3.1(b) and 3.2, pay such tuition and compulsory student fees directly to the post-secondary educational institution. The Player hereby agrees that any refunds or reimbursements applicable to tuition or compulsory student fees which were paid by the WHL resulting from the Player's withdrawal from the post-secondary educational institution or from classes, failure of the student to maintain an acceptable passing grade in the course of his studies, or any other reason, will be made by the post-secondary educational institution directly to the WHL, and if made by the post-secondary educational institution to the Player, will be paid by the Player to the WHL within ten (10) days of the Player's receipt of same from the post-secondary educational institution, failing which the Player shall pay interest thereon at 10% per annum compounded monthly, and the Player's eligibility for the WHL Scholarship Program shall be suspended until the funds are paid in full.
- (c) Subject to the provisions of paragraph 3.2, the WHL will reimburse the Player for school textbook expenses directly related to the Player's course of study, together with any applicable sales taxes and goods and services taxes, within thirty (30) days of the Player providing appropriate evidence of expenditures or receipts to the WHL. The maximum reimbursement for the expenses of school textbooks will be based on the estimate for the Player's program of study as outlined in the official school handbook, calendar or other relevant publication of the designated post-secondary educational institution for the academic year in which the Player is enrolled and attends a post-secondary educational institution, subject to the provisions of paragraph 3.2; if such an estimate is not available in the official school handbook, calendar or other relevant publication of the designated post-secondary educational institution then the maximum reimbursement of such expenses will be based on information obtained by the WHL from the designated post-secondary educational institution.

- (d) The Player will be permitted to play an unlimited number of hockey games in certain hockey leagues which the WHL has, in its sole discretion acting reasonably, designated as a professional development hockey league without affecting the Player's eligibility to participate in the WHL Scholarship Program pursuant to this paragraph 3.1. The WHL will identify the hockey leagues which will be designated as professional development hockey leagues for the purpose of this Agreement. The Player shall not, however, be eligible for the benefits contained in this paragraph 3.1 if:
 - (i) the Player has executed a professional hockey playing contract with a team in the National Hockey League, a team in the American Hockey League (but excluding an American Hockey League tryout contract or tryout contracts under which the Player plays an aggregate of twenty-five (25) or fewer games in the American Hockey League) or a professional hockey team in Europe; or
 - (ii) the Player fails by September 15, after one full academic year or Hockey Season following completion of his eligibility to play in the WHL as a twenty (20) year old, to enroll in and attend a post-secondary education institution as a full time student; or
 - (iii) the Player fails by September 15 after two full academic years or Hockey Seasons following completion of his eligibility to play in the WHL as a nineteen (19) year old, to enroll in and attend a post-secondary education institution as a full time student; or
 - (iv) the Player fails at any time to enroll in, attend and maintain the status of a full time student during the fall and winter academic semesters at a post-secondary educational institution in consecutive academic years following the academic year the Player first uses the benefits of the WHL Scholarship Program provided however, the WHL may, upon the written request of the Player, permit the Player to extend the benefit period under paragraph 3.1 (1)(i) by permitting the Player to attend a post-secondary institution on a part time basis or in non-consecutive academic years. The WHL shall not, however, be liable to the Player for any increase in educational costs due to such extension notwithstanding the consent of the WHL to extend the benefit period under paragraph 3.1 (a)(i).
- (e) If the Player, while on the Club's active roster, suffers a serious injury that ends his ability to play competitive amateur or professional hockey while participating either in:
 - (i) any hockey game under paragraph 4.1; or
 - (ii) in any sanctioned event or activity,

then notwithstanding the provisions of paragraphs 3.1(a)(i), 3.1(d)(ii), 3.1(d)(iii) and 3.1(d)(iv), the Player shall be entitled to a full WHL scholarship for a maximum of four (4) academic years (unless the Player has qualified for five (5) years WHL Scholarships in accordance with the provisions of paragraph 3.1(a)(i) in accordance with and subject to the provisions of paragraphs 3.1(a), 3.1(b), 3.1(c) and 3.2 to enroll in and attend a post-secondary educational institution, whether as a part time or full time student.

3.2 It is acknowledged that, for the purposes of paragraph 3.1, there are certain post-secondary educational institution programs of study that are outside of the mainstream of general study with the result that such programs have higher academic costs and expenses associated with them. If the Player enrolls in such a program, the obligation of the WHL under paragraph 3.1 to cover the Player's reasonable expenses associated with such a program shall be limited to an amount which reflects, as a benchmark, the reasonable expenses of a Player attending a mainstream general program of study (mainstream general program of study to be defined as an undergraduates arts, science or general studies program), at a publicly funded post-secondary educational institution designated by the Player in accordance with the WHL Standard Player Agreement in the province or state where the Player normally and regularly resides. It is also understood that compulsory student fees may vary depending on the post-secondary educational institution at which the Player may enrol. For the purpose of this agreement, the obligation of the WHL under paragraph 3.1, to cover all compulsory student fees, excludes premiums for health services, which may include medical and dental insurance fees.

ARTICLE 4 – THE PLAYER

4.1 The Player shall, during the Term of this Agreement, play hockey exclusively for the Club and shall play for the Club in all the Club's exhibition, preseason, regular season and playoff games and all tournament games for the Memorial Cup, and, with the prior consent of the Club and the WHL:

- (a) except as hereinafter specifically provided in this paragraph 4.1, in the WHL and Canadian Hockey League ("CHL") all-star game(s), the CHL Top Prospects Game, or other sanctioned events or activities scheduled or organized by the WHL or CHL;
- (b) if selected by the Hockey Canada or any other like national governing hockey association in Europe or the United States of America, in the annual World Junior Hockey Championships and all tryouts and team practices leading to such championship, in accordance with release dates and conditions agreed to by the WHL;
- (c) if selected by any provincial governing hockey association or any like governing hockey association in Europe or the United States of America, in the Under-17 World Hockey Challenge Tournament and the Under-18 World Hockey Championship Tournament and all tryouts and team practices leading to these tournaments, in accordance with release dates and conditions agreed to by the WHL; and
- (d) at the request of the WHL or the CHL, in other hockey games or tournaments as may be sanctioned by the WHL or the CHL

4.2 The Player covenants and agrees:

- (a) to report, on time and in good physical condition, for the commencement of the Club's training camp prior to the commencement of the Hockey Season, and will participate in the Club's training camp, at the time and place designated by the Club;
- (b) to keep and maintain himself in good physical condition at all times throughout the Hockey Season;
- (c) at the request and direction of the Club, to cooperate and participate in reasonable promotional activities sponsored by the Club, the WHL or the CHL;
- (d) to conduct himself at all times, both on and off the ice, in a manner consistent with good standards of honesty, decency, morality, and fair play, and not to conduct himself at any time in any manner that would be detrimental to the well-being of the Club, the WHL, the CHL, Hockey Canada, USA Hockey, IIHF, any like provincial, state or federal governing hockey association in Canada, Europe or the United States of America, or hockey in general;
- (e) to abide by the rules and regulations, policies, guidelines, directions and instructions governing conduct and behaviour reasonably established by the Club from time to time and applicable to all its players including, without limitation, rules, regulations, policies, guidelines, directions, and instructions governing the use of tobacco, drugs and alcohol; personal conduct and social media policies; attendance at school; conduct on and off the ice; curfew; community service and training;
- (f) to abide by the rules and regulations, guidelines, directions and instructions reasonably established by the WHL from time to time and applicable to all WHL players including, without limitation, rules, regulations, guidelines, directions and instructions relating to the WHL Scholarship Program;
- (g) to abide by the rules and regulations, guidelines, directions and instructions governing conduct and behaviour established by any provincial governing hockey association in Canada, Hockey Canada, USA Hockey, IIHF, or any like governing hockey association in Europe or the United States of America applicable to all its players participating in the World Junior Hockey Championship, the Under-17 World Hockey Challenge Tournament, the Under-18 World Hockey Championship Tournament and related events or other like events, including, without limitation, all tryout camps and team practices leading to such events;

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- (h) to participate, at the request of the Club and the WHL, in events or activities organized, scheduled or sanctioned by the WHL or the CHL;
 - (i) to maintain a valid passport for purposes of facilitating customs and immigration processes during the course of the Hockey Season;
 - (j) to maintain Player registration with Hockey Canada and, if applicable, USA Hockey or otherwise as required by the WHL from time to time;
 - (k) to play hockey for the Club faithfully, diligently and to the best of his abilities as an amateur athlete hockey player;
 - (l) not to engage in hazardous activities or avocations including, without limitation, racing (automobile, go-kart, motorcycle, boat, snowmobile, ski, snowboard or other), diving (scuba or sky), parachuting, snow skiing, snowboarding or aviation, other than as a passenger, during the Term of this Agreement without the prior consent of the Club;
 - (m) comply with the WHL's Anti-Doping Control Policy as established or revised by the WHL from time to time, including without limitation, random drug testing;
 - (n) other than as expressly set forth in this Agreement, not to accept any additional benefits or other consideration from the Club or any third party for playing, practicing, training, travelling or otherwise being a member of the Club; and
 - (o) without the prior written consent of the Club, not to participate in organized or formal hockey games that are not sanctioned by the WHL.
- 4.3 The Player irrevocably transfers, conveys and assigns to the Club and the WHL for the Term of this Agreement all rights to the Player's name and image for promotional and commercial use for the term of this agreement. The Player agrees that the Club and/or the WHL may authorize or otherwise license any individual, firm, joint venture, partnership, corporation, or other entity or form of organization, non-profit or otherwise, to take and produce photographs, pictures, films, video or other images of the Player. The Player recognizes that all rights to his image during the Term of this Agreement shall be the sole and exclusive property of the Club and the WHL. The Club and the WHL may use or distribute such photographs, pictures, films, video or other images of the Player for the promotion of the Club, the WHL and the CHL in any manner as the Club or the WHL may reasonably see fit and that such use by the Club, the WHL and/or the CHL may take place during the Term of this Agreement and any time thereafter.
- 4.4 (a) The Player consents and agrees to the use by or on behalf of the Club, the WHL, the CHL and their respective agents, licensees, contractors, administrators, successors and assigns, of the name, image, photograph, likeness, statistical record and biographical information of the Player including, without limitation, the use of same by the WHL and the CHL in connection with the manufacture, sale, distribution, marketing and advertising of WHL and/or CHL hockey cards and/or other souvenir material relating to the Club, the WHL or the CHL; in connection therewith, the Player agrees, during the Term of this Agreement, to attend at photograph and film sessions and to pose from time to time in his hockey equipment for pictures and films as may reasonably be required by or on behalf of the Club, the WHL and/or the CHL and their respective agents, licensees, contractors, successors and assigns. The Club, the WHL and the CHL, as applicable, shall reimburse the reasonable costs and expenses incurred by the Player to attend such photograph or film sessions.
- (b) The right to use the Player's name, image, photograph, likeness, statistical record and biographical information in connection with the WHL and/or CHL hockey cards and/or other souvenir material relating to the Club, the WHL and/or the CHL shall, during the Term of this Agreement and any time thereafter, be the sole and exclusive property of the Club, the WHL and the CHL.
- 4.5 The Player agrees not to use his own name, image, photograph, likeness, statistical record and biographical information in conjunction with logos, trademarks or copyrights of the Club, the WHL or the CHL, without the prior written consent of the Club, the WHL or the CHL, as applicable.

- 4.6 Except as provided in this Agreement, the Player will not, during the Term of this Agreement, be restricted from otherwise using his own name, image, photograph, likeness, statistical record or biographical information provided such use does not conflict with the business affairs of the Club, the WHL or the CHL. Except as provided in paragraphs 4.4 and 4.5, at the expiration of the Term of this Agreement, the Player shall not be restricted from using his own name, image, photograph, statistical record or biographical information in any marketing or advertising materials.
- 4.7 Except as provided in this Article 4, the Club, the WHL and the CHL shall not use the name, image, photograph, likeness, statistical record or biographical information of the Player in connection with any commercial endorsements of particular products, services, firms or corporations, without the prior written consent of the Player.

ARTICLE 5 – THE CLUB

- 5.1 The Club covenants and agrees:
 - (a) to provide the Player in each Hockey Season with professional coaching and training in the fundamentals of hockey together with supervised training periods and other assistance the Club deems necessary, acting reasonably, to enable the Player to develop his hockey playing skills and abilities;
 - (b) to arrange for and reimburse or cause to be paid the expenses incurred in respect of adequate billet room and board accommodation during the Hockey Season, in the city where the Club is located;
 - (c) to assist with Player registration with Hockey Canada and, if applicable, USA Hockey or otherwise as required by the WHL from time to time;
 - (d) to provide the Player during the Hockey Season with full WHL officially licensed hockey-playing equipment, including sticks, skates, and other hockey equipment reasonably necessary for playing the game of hockey and for the safety of the Player;
 - (e) to provide the Player with travel, accommodation and meals when traveling with the Club for away games during the Hockey Season;
 - (f) to provide the Player with regular medical attention, as required, for the diagnosis, treatment and rehabilitation of injuries which the Player may sustain during the Hockey Season;
 - (g) to provide the Player with out of country medical coverage;
 - (h) to provide the Player with the medical and dental insurance coverage applicable to all amateur athlete hockey players registered with Hockey Canada, through Hockey Canada's national insurance program, for hockey related injuries;
 - (i) to provide the Player, upon request, with a copy of the Hockey Canada national insurance manual outlining coverage applicable to the Player;
 - (j) to retain, as required by paragraph 2.5, qualified tutors and educational advisors, as deemed reasonably necessary by the Player and the Club, to assist the Player in his academic studies;
 - (k) to cause the Club's representatives to conduct themselves, at all times, both on and off the ice, in a manner consistent with good standards of honesty, decency, morality and fair play; and
 - (l) to make available to all professional hockey organizations and others, during and at the completion of the Player's eligibility to play in the WHL, all relevant data, information and statistics reasonably required to enable the Player to pursue or initiate a professional or other hockey career.
- 5.2 The Club shall not provide nor does it undertake to provide the Player with any disability insurance coverage. Should the Player desire such coverage, any disability insurance coverage of or for the Player shall be obtained by the Player and shall be the sole and exclusive responsibility and obligation of the Player, at the Player's own cost and expense.

- 5.3 The Club and Player hereby acknowledge and agree that this Agreement does not create, nor is it intended to create, any relationship other than that of an amateur athlete participating in an exclusive relationship with the Club for the purposes of playing hockey and developing as a hockey player, and for such purposes, the parties specifically agree that this Agreement does not create an employer-employee relationship such that the Player's amateur athlete status would thereby be placed in jeopardy.
- 5.4 The Player and the Player's parents or guardians, as the case may be, hereby acknowledge that he or they have had an opportunity to obtain independent legal advice respecting this Agreement and have done so to the extent they feel is necessary.

ARTICLE 6 – MEDICAL EXAMINATIONS

- 6.1 Prior to the commencement of each Hockey Season and from time to time, at the request of the Club, acting reasonably, during the Hockey Season, the Player will submit to and undergo a thorough medical examination with a qualified physician approved by the Club. If, as a result of such medical examination, it is the opinion of the physician acting reasonably, that the Player is not medically fit to play the game of hockey other than as a result of an injury sustained by the Player to which the provisions of paragraphs 11.2 and 11.3 are applicable, then the Club will have the option of terminating this Agreement on written notice to the Player personally delivered by the Club to the Player within seven (7) days following such examination; the Club will set out in the notice the reasons why the Club has terminated this Agreement and will include with the notice a copy of the physician's report and the physician's professional qualifications. Upon such termination of this Agreement by the Club, the provisions of paragraph 10.2 will apply.
- 6.2 In the event this Agreement is terminated by the Club pursuant to paragraph 6.1, the Player may at his cost obtain and submit to the Club and the WHL Commissioner within thirty (30) days of termination of the Agreement, an independent medical assessment and report, with a request that the Club reinstate the Agreement. In event the Club refuses to do so, the matter shall be referred to the WHL Commissioner for determination. The Player hereby agrees to undergo a further medical assessment if so directed by the WHL Commissioner.
- 6.3 The Player may at any time, acting reasonably, obtain, at his cost, any medical assessments of an injury that the Player deems necessary; the Club will assist the Player in obtaining any such medical assessments.

ARTICLE 7 – CLUB RULES AND SANCTIONS

- 7.1 The Club may, from time to time, acting reasonably in accordance with guidelines approved by the WHL, establish rules applicable to all the Club's players, governing the conduct, behavior and physical condition of the Club's players generally. Such rules will be provided by the Club to the Player and will form part of this Agreement. The Club may, for any material violation by the Player of such rules, with the prior approval of the WHL, either:
 - (a) impose a suspension, in accordance with guidelines approved by the WHL, whereby the Player will be suspended from further play with the Club, or
 - (b) impose further sanctions, in accordance with guidelines approved by the WHL, as deemed necessary by the Club. In imposing any suspension or sanction, the Club and the WHL shall at all times act reasonably having regard to the degree of severity of the violation by the Player, the suspensions and sanctions historically imposed by the Club and the WHL on its players for similar violations and the guidelines approved by the WHL.

7.2 The Player acknowledges that the Club has the authority to carry out and the Player agrees to comply with any order or directive of suspension or expulsion rendered against the Player by the WHL, the CHL, Hockey Canada, USA Hockey, IIHF, or any like provincial, state or federal governing hockey associations in Canada, Europe or the United States of America. In the case of a suspension, at the discretion of the Club, the Player will cease to be reimbursed and the Club will not be obligated to pay any of the Player's expenses during the period of the suspension. In the case of an expulsion from the WHL, this Agreement may, at the option of the Club, be terminated on written notice to the Player personally delivered by the Club to the Player within seven (7) days following such expulsion; the notice will set out in reasonable detail the reasons why the Club has terminated this Agreement. Upon such termination of this Agreement by the Club, the provisions of paragraph 10.2 will apply.

ARTICLE 8 – ASSIGNMENT

- 8.1 (a) Except as provided in paragraph 8.2 and subject to the regulations of the WHL in place from time to time, the Club will have the right to assign, trade or otherwise transfer this Agreement to any other member franchise of the WHL (the "Assignee").
- (b) Upon any assignment, trade or other transfer of this Agreement to the Assignee, each of the Player and the Assignee will be bound by and will dutifully fulfill their respective obligations under this Agreement as if the Player and the Assignee were original parties to this Agreement.
- (c) The Player's eligibility for a WHL Scholarship under the WHL Scholarship Program shall remain in effect notwithstanding any assignment, trade or other transfer of this Agreement.
- 8.2 The Club will not, during the term of this Agreement, assign, trade or otherwise transfer this Agreement during the Christmas period of any Hockey Season with the dates to be determined each year by the WHL.
- 8.3 This Agreement shall be binding and remain in full force and effect for the Term of this Agreement, even if the WHL should change its name, or withdraw from membership in the CHL or Hockey Canada. In the event the Club ceases to operate or to be a member franchise of the WHL, then the WHL may, notwithstanding the provisions of paragraph 8.2, at any time, assign, trade or otherwise transfer this Agreement to any other member franchise of the WHL (the "Assignee") in which case the provisions of paragraph 8.1 shall apply to the Player and the Assignee and the WHL will be and remain liable to the Player under paragraph 3.1 for the Player's WHL Scholarship.

ARTICLE 9 – REMEDIES OF THE PLAYER

- 9.1 (a) In the event of any breach by the Club of any of its obligations under this Agreement, the Player may give written notice of the nature of the breach to the Club and to the WHL. If the breach is not remedied by the Club within ten (10) days of receipt by the Club of such written notice, then on further written notice by the Player to the Club and the WHL specifying that the breach has not been remedied by the Club, this Agreement will be null and void and of no further force or effect, except for the obligations of the Club to the Player under Articles 2 and 3 which will remain in full force and effect. Upon such termination, the Player shall forthwith be released by the Club in accordance with the WHL and CHL regulations.
- (b) Should the Player be entitled to a scholarship under the WHL Scholarship Program, the WHL will, on behalf of the Club, at the time of termination of this Agreement, outline in writing to the Player, any reimbursement through the WHL Scholarship Program which the Player is eligible to receive under the terms of this Agreement.
- (c) In any dispute between the Club and the Player, either the Club or the Player may at any time refer the matter in dispute to the WHL Commissioner for determination.

ARTICLE 10 – REMEDIES OF THE CLUB

- 10.1 (a) In the event of any breach by the Player of any of his obligations under this Agreement, the Club may give written notice to the Player and the WHL of the nature of the breach. If the breach is not remedied by the Player within ten (10) days of receipt by the Player of such written notice, then on further written notice by the Club to the Player and the WHL specifying that the breach has not been remedied by the Player, this Agreement will be null and void and of no further force or effect, subject to the provisions of paragraph 10.2.
 - (b) Notwithstanding the provisions of paragraph 10.1(a), the Club may terminate this Agreement on written notice to the Player, upon the occurrence of any one of the following events, subject to the provisions of paragraph 10.2:
 - (i) if the Player defaults, refuses, or neglects to play as an amateur athlete hockey player in accordance with paragraph 4.1;
 - (ii) if the Player defaults, refuses or neglects to obey the rules and regulations, directions and instructions reasonably established by the Club, in accordance with guidelines approved by the WHL, governing training, conduct and behaviour of all players on the Club and such default, refusal or neglect reasonably constitutes a material violation of the rules, regulations, directions and instructions of the Club, in accordance with guidelines approved by the WHL, applicable to all the Club's players; or
 - (iii) if the Player fails, in the opinion of the Club, acting reasonably, to demonstrate sufficient skill, competence and ability as an amateur athlete hockey player at the time of termination to retain a position as an amateur athlete hockey player on the Club's roster.
 - (c) In the event of termination of this Agreement by the Club pursuant to paragraph 10.1(b)(i) or 10.1(b)(ii) during a Hockey Season, the Player shall not be entitled to a WHL Scholarship for that Hockey Season.
 - (d) The Club will, at the time of termination of this Agreement, outline in writing to the Player, the WHL Scholarship Program which the Player is entitled to under the terms of this Agreement.
 - (e) In any dispute between the Club and the Player, either the Club or the Player may at any time refer the matter in dispute to the WHL for determination.
- 10.2 Upon termination of this Agreement by the Club for any reason:
- (a) any reimbursement in paragraph 2.1 shall forthwith cease to be payable by the Club. The Player shall, however, be entitled to claim any amount of the reimbursement which, prior to termination, was made or incurred by the Player;
 - (b) the Club shall remain liable for its obligations to the Player for reimbursement of travel expenses pursuant to paragraph 2.4;
 - (c) subject to the provisions of paragraph 10.1(c), the WHL shall remain liable for its WHL scholarship obligations to the Player pursuant to paragraph 3.1; and
 - (d) provided the Player has not been retained by the Club on the Club's WHL 50 Player Protection List, the Player shall forthwith be released by the Club in accordance with the WHL and Hockey Canada regulations.

ARTICLE 11 – PHYSICAL CONDITION AND INJURIES

- 11.1 If, in the opinion of the Club acting reasonably, the Player is not in sufficient physical condition, other than as a result of an injury sustained by the Player while performing his obligations under this Agreement, to enable him to play hockey for the Club in an acceptable manner, the Club may, at its option and with the consent of the WHL, either suspend the Player for the period of such incapacity or terminate this Agreement upon written notice to the Player which notice will set forth the Club's reasons for termination. During the period of any such suspension, the Club will not be obligated to reimburse to the Player pursuant to paragraph 2.1 if the Player travels to his normal place of residence during his suspension. If the Club elects to terminate this Agreement, then the provisions of paragraph 10.2 shall apply.
- 11.2 If the Player is injured in an activity, other than in the performance of his obligations under this Agreement or an activity the Player is involved in as part of his training, that is not scheduled, organized or sanctioned by the Club and if as a result the Player is unable to play hockey for the Club in an acceptable manner for any part of the Hockey Season, the Club may, at its option and with the consent of the WHL, either suspend the Player for the period of such incapacity or terminate this Agreement upon written notice to the Player which notice will set forth the Club's reasons for termination. During the period of any such suspension, the Club will not be obligated to reimburse the Player pursuant to paragraph 2.1 if the Player travels to his normal place of residence during his suspension. If the Club elects to terminate this Agreement, then the provisions of paragraph 10.2 shall apply. Except as provided herein, the Player hereby discharges the Club from any and all obligations, responsibilities or reimbursement of whatever nature that the Player might claim by virtue of this Agreement.
- 11.3 If the Player is injured in the performance of his obligations under this Agreement or an activity that is scheduled, organized or sanctioned by the Club, the Club shall reimburse or cause to be paid, as the case may be, all reasonable medical and dental expenses the Player incurs in the treatment of his injury together with the expenses of all prescription drugs and medical equipment reasonably required in relation thereto. During the period of such injury, the Player shall be entitled to reimbursement under this Agreement as if the Player had not been injured and was playing. The Player may at any time, acting reasonably, obtain, at his cost, any further medical assessments of the injury he deems necessary; the Club will assist the Player in obtaining such further medical assessments.

ARTICLE 12 – PLAYER DEVELOPMENT

- 12.1 If the Player has not completed his eligibility to play in the WHL, the Player shall not, during the Term of this Agreement, enter into a contract to play hockey for a professional hockey team unless;
 - (a) the Player has obtained a written release from the WHL, and
 - (b) the Club has been paid the sum of \$500,000.00 in the currency where the Club is located, either by the Player or the professional hockey team with whom the Player has entered into such a contract.

The foregoing provisions of this paragraph 12.1 do not apply in circumstances where the Player is released by the Club and, in accordance with the WHL regulations, enters into a contract to play for a professional hockey team that is a member of a league that has a written agreement with the WHL covering compensation for player development.

ARTICLE 13 - GENERAL

- 13.1 If the whole or any portion of this Agreement or the application to any circumstance is held invalid, illegal or unenforceable to any extent that does not affect the operation of this Agreement in a fundamental way, the remainder of the provision in question, or its application to any circumstance other than to which it had been held invalid, illegal or unenforceable and the remainder of this Agreement shall not be affected thereby and shall be valid, legal and enforceable to the fullest extent permitted by law.

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- 13.2 The parties agree that for any litigation arising from this Agreement, the courts of the province of Canada or the state of the United States of America where the Club is located shall have exclusive jurisdiction to determine the issue, according to the laws of such province and country or such state and country, regardless of where the Player or the Club may have executed this Agreement or where the Player or the Player's parents and/or guardian, as the case may be, reside or where they formerly resided.
- 13.3 In this Agreement, words importing the singular number shall include the plural and vice versa and words importing the use of any gender shall include the masculine and feminine genders.
- 13.4 Any notice required, permitted or contemplated in this Agreement shall be in writing. Any notice required to be given by the Player to the Club and the WHL will be personally delivered to the address of or sent by email or fax to the Club and the WHL, respectively, particulars of which are set forth in the WHL Standard Player Agreement. Any notice required to be given by the Club to the Player shall, during the Hockey Season (provided the Player remains with the Club), be personally delivered to the Player, otherwise any such notice shall be personally delivered to the Player at the address of the Player set forth in the WHL Standard Player Agreement Execution Schedule or sent by email or fax to the Player at the email address or fax number set forth in the WHL Standard Player Agreement Execution Schedule. Any notice to a parent or guardian of the Player shall be delivered to the address of the parent or guardian or sent by email or fax, particulars of which are set forth in the WHL Standard Player Agreement Execution Schedule. Any party to this Agreement may change its address for service by providing written notice to the other parties.
- 13.5 Except for an assignment, trade or other transfer of this Agreement in accordance with the provisions of Article 8, this Agreement is not assignable by either the Player (or, if applicable, the Player's parent or guardian who is a signatory to this Agreement) or the Club.
- 13.6 The contents of this Agreement are strictly confidential to the parties hereto. Any reproduction or distribution of this Agreement by the Player or the Players parents or guardian, without the prior written consent of the WHL, is strictly prohibited.

For Further Information:

Western Hockey League
 2424 University Drive NW
 Calgary, Alberta T2N 3Y9
 Canada

Phone: (403)693-3030
 Fax: (403)693-3031
 e-mail: info@whl.ca

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EXHIBIT B

(Everett Silvertips MWP
Information)



A.J.

copy of drivers license
copy of SS card

Washington State Department of Labor & Industries
Employment Standards Program
PO Box 44510
Olympia WA 98504-4510
Phone (360) 219-7321
FAX (360) 902-5300

PARENT/SCHOOL AUTHORIZATION

For parents or legal guardians and school officials to indicate approval for a minor employee to work according to the terms listed by the employer.

Email: teensafety@lni.wa.gov OR web page: www.TeenWorkers.Lni.wa.gov

THIS IS NOT A MINOR WORK PERMIT
Employers must have a minor work permit endorsement on their Master Business License for each work location with employees under age 18 and renew it each year.
See www.DoL.wa.gov/forms/700028.html

This form is to be kept on file by the employer at the minor's workplace and be available for departmental audit. Additionally, the employer must renew this parent/school authorization by September 30 of each year or when work schedule changes.

Name of minor: <u>Austin Demery</u>	Name of minor's school: <u>Lakostenek's High School</u>
Minor's address: <u>12217 98th Place NE</u>	School's address:
City: <u>Everett</u> State: <u>WA</u> ZIP: <u>98201</u>	City: _____ State: _____ ZIP: _____
Minor's Birth Date: <u>12/21/94</u> Year: <u>1994</u>	

Wage per hour to be paid: <u>9.32</u>	Number of working days per week: <u>3</u>	Is minor employed at any other job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If answered as "Yes", list total hours worked per week at other job:
	School week: <u>3</u>		
	Non-school week:		

Maximum number of work hours during SCHOOL year*

Max. hours to be worked PER WEEK

Monday - Thursday: 4

Friday - Sunday: 4

school/parent may adjust limit as needed

Max. hours to be worked PER WEEK

Weekly max: 12

school/parent may adjust limit as needed

Maximum number of work hours during NON-SCHOOL year

Max. hours to be worked PER WEEK

Monday - Thursday: 4

Friday - Sunday: 4

parent may adjust limit as needed

Max. hours to be worked PER WEEK

Weekly max: 12

parent may adjust limit as needed

Start and Quit time during SCHOOL year

Earliest start time

Monday - Sunday: am-pm: 5 pm

Friday - Saturday: am-pm: 5 pm

Latest quit time

Sun - Thursday: am-pm: 10 pm

Friday - Saturday: am-pm: 10 pm

school/parent may adjust quit time as needed

Start and Quit time during NON-SCHOOL year

Earliest start time

Monday - Sunday: am-pm: 5 pm

Friday - Saturday: am-pm: 5 pm

Latest quit time

Sun - Thursday: am-pm: 10 pm

Friday - Saturday: am-pm: 10 pm

parent may adjust quit time as needed

JOB DUTIES FOR MINOR EMPLOYEE:
assist customers, restock merchandise

Name of BUSINESS: Everett SiverTips Telephone number: 425-353-1100 5-Digit UBI & 3-Digit Number for business location

Address of minor's work location: 2000 Hewitt Ave #100 City: Everett State: WA ZIP: 98201

Expiration date of minor work permit endorsement:

EMPLOYER SIGNATURE

Date: 12/15/13 Telephone Number: 425-353-1100 Title: Director of retail operations Signature of EMPLOYER: [Signature]

EMPLOYEE SIGNATURE

Date: 12/20/13 Telephone Number: 360-688-3811 Signature of EMPLOYEE: Austin Demery

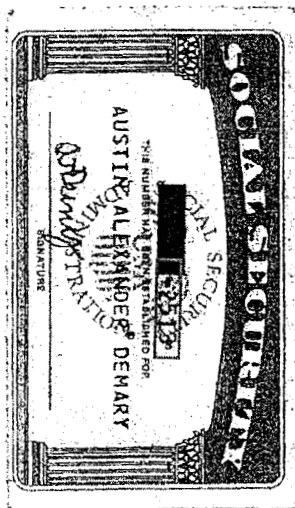
PARENTAL AUTHORIZATION

(These sections to be completed by the minor's parent or guardian and school after employer completes top portion.)
I CONSENT TO ALLOW THE MINOR LISTED TO BE EMPLOYED AT THE OCCUPATION AND UNDER THE CONDITIONS STATED ABOVE

Date: 1/21/14 Telephone Number: 425-353-1485 Signature of PARENT or GUARDIAN: [Signature] Print Name: Kim Demery

SCHOOL AUTHORIZATION (when school is in session)
THE STATED HOURS OF EMPLOYMENT MEET THE REQUIREMENTS OF SCHOOL ATTENDANCE REGULATIONS AND ARE HEREBY APPROVED

Date: 1/21/14 Telephone Number: 425-335-5151 Title: SMU Liaison Signature of SCHOOL AUTHORITY: [Signature] Print Name: Ruth A. Smether



ST

The Everett Silvertips Hockey Club Timesheet

Name: Austin Demary Division: Team Store Time Period: Sept 2013

Regular Time: 7 Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: *Austin Demary*

Approved By: *SMH*

Verified By: *3-04*

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 hours <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 hours <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21st

Payroll Purposes Only

Regular Time: _____ Hours

Overtime: _____ Hours

Insurable Earnings: _____ Week

_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Austin Demary Division: Team Store Time Period: _____ 20__

Regular Time: 8 Hours

Overtime: _____ Hours

Explanation: _____

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 hours 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 hours 19
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee's Signature: _____

Approved By: [Signature]

Verified By: [Signature]

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Austin Demary Division: Team Store Time Period: November 2013

Regular Time: 12 Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: *Austin Demary*

Approved By: *[Signature]*

Verified By: *[Signature]*

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 hours 11	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 hours 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only

Regular Time: _____ Hours

Overtime: _____ Hours

Insurable Earnings: _____ Week
_____ Amount

HE

The Everett Silvertips Hockey Club Timesheet

Name: Austin Demay Division: Team Store Time Period: _____ 20__

Regular Time: _____ Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: _____

Approved By: _____

Verified By: [Signature]

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	<input type="checkbox"/>	15	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Austin Demary Division: Team Store Time Period: _____ 20__

Regular Time: 16 Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: [Signature]

Approved By: SK Proctor Wong

Verified By: [Signature]

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only

Regular Time: _____ Hours

Overtime: _____ Hours

Insurable Earnings: _____ Week

_____ Amount

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The Evrecrett Silvertips Hockey Club Timesheet

Name: Kirsten Penary Division: Team Store Time Period: _____ 20__

Regular Time: 8 Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: _____

Approved By: Spencer Long

Verified By: [Signature]

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 17 18	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 31	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

APPLICATION FOR EMPLOYMENT

This generic application is provided by WorkSource Washington. This form complies with federal and state laws against discrimination; however, employers using this form should check local ordinances. WorkSource Washington and Washington State Employment Security are not responsible for the misuse of information provided on this form. Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

GENERAL INFORMATION

Date of Birth [redacted] 97

Name (Last) Finholt	(First) Aron	(Middle Initial) D	Home Telephone (425) 791-5164
Address (Mailing Address) PO Box 272	(City) Lake Stevens	(State) Wa	(Zip) 98258
E-Mail Address bobasue@gmail.com		Are you legally entitled to work in the U.S.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Position Or Type of Employment Desired Sales Associate	Will Accept: <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available 8/25/13	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No
if no, list the highest grade completed **10th**

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date

Languages Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)



EMS 10171 CC 7540-032 635
ESD 1999 Rev. 12/30/03

Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties (Maximum 1000 characters)		Last Salary
		Supervisor
		Reason For Leaving
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties (Maximum 1000 characters)		Last Salary
		Supervisor
		Reason For Leaving
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties (Maximum 1000 characters)		Last Salary
		Supervisor
		Reason For Leaving
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties (Maximum 1000 characters)		Last Salary
		Supervisor
		Reason For Leaving
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant *Aaron Finkhoff* Date 8/25/13

Interviewer's Comments:

WorkSource Washington and Washington State Employment Security are equal opportunity employers and providers of employment and training services. Auxiliary aids and services are available to persons with disabilities upon request.

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PLEASE TYPE OR PRINT CLEARLY USING A DARK BALL POINT PEN

Applicant #1 Name (Last, First, Middle Initial) Pinholt Aaron	Applicant #1 Telephone Number 425 791 5164
Applicant #1 Social Security Number or Tax ID Number [REDACTED]	Applicant #1 Date of Birth 8/9/88

Bank Routing Number (ABA) 206439-5700	Bank Name BECU
Bank Account Number 206439-5700	Bank Type CHECKING <input checked="" type="checkbox"/> SAVINGS <input type="checkbox"/>

Please attach a voided check. If you do not have a check, please contact your bank for the appropriate documents to replace a voided check.

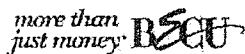
General Information	John Doe 1912 Street, Suite 100 Provo, UT 84601 (801) 555-2100	Date	10/1
Pay to the Order of	VOID		
Bank Account Information	First Bank 5019 South 130 West Provo, UT 84601 (801) 555-2500		
Money Number	[REDACTED]		
Account Number	[REDACTED]		

*Please verify all information with your bank to ensure accuracy.

fax 403-526-4000

Signature <i>Aaron Pinholt</i>	For Office Use Only
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September 14, 2013

Aron D. Finholt
PO Box 272
Lake Stevens WA 98258



Dear Member:

Thank you for your inquiry regarding automatic payments and deposits at BECU. To initiate payments from your checking or savings account, you must contact the originator of the request (the party that will be receiving the payments), and for deposits such as direct deposit of payroll, you must contact your employer's payroll office. Once initiated through the originator, we will process these requests.

When contacting originators, please provide them with the following account information if you are authorizing automatic payments or direct deposits in writing:

Financial institution name: BECU
Routing and transit number: [REDACTED]
Member's name: Aron D. Finholt
Member's account number: [REDACTED]
Checking/Share Draft

BECU also accepts paper drafts from merchants for payments from your checking account that you have verbally authorized. When giving a verbal authorization for a payment from your account, please provide the merchant with the following information:

Routing and transit number: [REDACTED]
Member's account number: [REDACTED]

If you have any further questions, please call our Member Contact Center at 206-439-5700 or, outside Seattle, 1-800-233-2328.

Sincerely,

BECU

BECU LS109 12/2004

25



Aron

- parent sign
- copy of drivers license

Washington State Department of Labor & Industries
Employment Standards Program
PO Box 44510
Olympia WA 98504-4510
Phone (855) 219-7321
FAX (360) 902-5509

PARENT/SCHOOL AUTHORIZATION

For parents or legal guardians and school officials to indicate approval for a minor employee to work according to the terms listed by the employer.

- copy of SS card

Email: teenworker@lil.wa.gov OR web page: www.TeenWorkers.lil.wa.gov

THIS IS NOT A MINOR WORK PERMIT
Employers must have a minor work permit endorsement on their Master Business License for each work location with employees under age 18 and renew it each year.
See www.Dol.wa.gov/forms/700028.html

This form is to be kept on file by the employer at the minor's workplace and be available for departmental audit. Additionally, the employer must renew this parent/school authorization by September 30 of each year or when work schedule changes.

Name of minor: <u>Aron Einholt</u>			Name of minor's school: (If home schooled, please note)		
Minor's address: <u>PO Box 272</u>			School's address: <u>2908 113th Ave NE</u>		
City: <u>Lake Stevens</u>	State: <u>WA</u>	ZIP: <u>98258</u>	City: <u>Lake Stevens</u>	State: <u>WA</u>	ZIP: <u>98258</u>
Minor's Birth Date (Must be accompanied by proof)		Month: <u>March</u>	Day: <u>9</u>	Year: <u>97</u>	

Wage per hour to be paid: <u>9.39</u>	Number of working days per week: School week: <u>2</u> Non-School week: _____	Is minor employed at any other job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If answered as "Yes", list total hours worked per week at other job: _____
---------------------------------------	---	--	--

Maximum number of work hours during SCHOOL year*

Max. hours to be worked PER DAY:
Monday-Thursday: 4
Friday-Sunday: 4
(School/parent may adjust limit as needed)

Max. hours to be worked PER WEEK:
Weekly max: _____
(School/parent may adjust limit as needed)

Maximum number of work hours during NON-SCHOOL year

Max. hours to be worked PER DAY:
Monday-Thursday: 4
Friday-Sunday: 4
(School/parent may adjust limit as needed)

Max. hours to be worked PER WEEK:
Weekly max: 12
(School/parent may adjust limit as needed)

Start and Quit time during SCHOOL year

Earliest start time:
Monday-Sunday: am-5pm
am-5pm

Latest quit time:
Sun-Thursday: am-10pm
am-10pm
Friday-Saturday: _____
(School/parent may adjust quit time as needed)

Start and Quit time during NON-SCHOOL year

Earliest start time:
Monday-Sunday: am-5pm
am-5pm

Latest quit time:
Sun-Thursday: am-10pm
am-10pm
Friday-Saturday: _____
(School/parent may adjust quit time as needed)

JOB DUTIES FOR MINOR EMPLOYEE:
assist customers, restock inventory

Name of BUSINESS: <u>Everett Silverlips</u>	Telephone number: <u>425 555 5100</u>	9-Digit UBI & 3-Digit Number for business location
Address of minor's work location: <u>2000 Hewitt Ave #100</u>	City: <u>Everett</u>	State: <u>WA</u> ZIP: <u>98201</u>

Expiration date of minor work permit endorsement: _____

EMPLOYER SIGNATURE

Date: 12/15/13 Telephone Number: 425 555 5100 Title: Dir of Operations Signature of EMPLOYER REPRESENTATIVE: [Signature]

EMPLOYEE SIGNATURE

Date: 1/24/14 Telephone Number: 425 791 5114 Signature of EMPLOYEE: [Signature] Print Name: Aron Einholt

PARENTAL AUTHORIZATION
(These sections to be completed by the minor's parent or guardian and school after employer completes top portion.)

I CONSENT TO ALLOW THE MINOR LISTED TO BE EMPLOYED AT THE OCCUPATION AND UNDER THE CONDITIONS STATED ABOVE

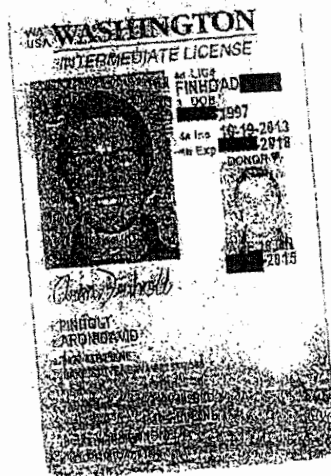
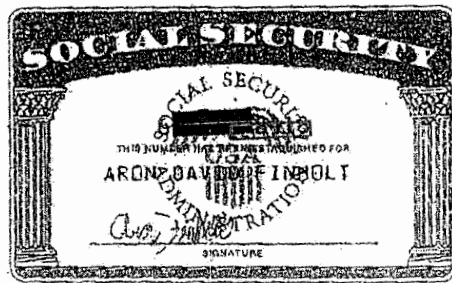
Date: 1/25/14 Telephone Number: 425 791 4985 Signature of PARENT or GUARDIAN: [Signature] Print Name: Bobby Manzer

SCHOOL AUTHORIZATION (when school is in session)

THE STATED HOURS OF EMPLOYMENT MEET THE REQUIREMENTS OF SCHOOL ATTENDANCE REGULATIONS AND ARE HEREBY APPROVED

Date: 1/24/14 Telephone Number: 425 335 1515 Title: [Signature] Signature of SCHOOL AUTHORITY: [Signature]

425 335 1554



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The Everett Silvertips Hockey Club Timesheet

Name: Aron Finholt Division: Team Store Time Period: Sept 2013

Regular Time: 8 Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: Aron Finholt

Approved By: [Signature]

Verified By: [Signature]

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Aron Finholt Division: Team Store Time Period: October 2013

Regular Time: 20 Hours

Overtime: _____ Hours

Explanation: _____

deduct 100⁰⁰
*

Employee's Signature: Aron Finholt

Approved By: [Signature]

Verified By: S3-Ry

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 2	<input type="checkbox"/>	4 4	4 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 19
4 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only

Regular Time: _____ Hours

Overtime: _____ Hours

Insurable Earnings: _____ Week

_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Aron Finholt Division: Team Store Time Period: _____ 20__

Regular Time: 4.5 Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: Aron Finholt

Approved By: [Signature]

Verified By: [Signature]

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only

Regular Time: _____ Hours

Overtime: _____ Hours

Insurable Earnings: _____ Week

_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Aron Finholt Division: Team Store Time Period: _____ 20__

Regular Time: _____ Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: Aron Finholt

Approved By: _____

Verified By: [Signature]

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 15	4 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only

Regular Time: _____ Hours

Overtime: _____ Hours

Insurable Earnings: _____ Week

_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Aron Finholt Division: Team Store Time Period: Nov-Dec 2013

Regular Time: 8 Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: _____

Approved By: Shawna Parviz

Verified By: Z-Rj

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 ³⁰
<input type="checkbox"/>	<input type="checkbox"/>	4 ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Aron Finholt Division: Team Store Time Period: Dec 2013

Regular Time: _____ Hours

Overtime: 8 Hours

Explanation: _____

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/> 14
4 <input type="checkbox"/> 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee's Signature: *Aron Finholt*

Approved By: *Shirley Ann Long*

Verified By: *J. R. J.*

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Aron Finholt Division: Team Store Time Period: _____ 20__

Regular Time: 4 Hours

Overtime: _____ Hours

Explanation: _____

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/> 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee's Signature: Aron Finholt

Approved By: SILVIA WY

Verified By: 3-RJ

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Ann Finholt Division: Team Store Time Period: Jan 2014

Regular Time: 8 Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: Ann Finholt

Approved By: [Signature]

Verified By: [Signature]

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>8</u> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>4</u> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only

Regular Time: _____ Hours

Overtime: _____ Hours

Insurable Earnings: _____ Week

_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Aron Finholt Division: Team Store Time Period: Jan/February 2014

Regular Time: 12 Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: Aron Finholt

Approved By: S. Portor-Loy

Verified By: Z. Ry

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 51	4 7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only

Regular Time: _____ Hours

Overtime: _____ Hours

Insurable Earnings: _____ Week

_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Aron Finholt Division: Team Store Time Period: Aug 2013

Regular Time: 2.5 Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: Aron Finholt

Approved By: Spencer-Loy

Verified By: Z-Rijt

SUN	MON	TUES	WED	THU	FRI	SAT
3.5 25					6.5 30	10 31
6.5 1						

Payroll Purposes Only

Regular Time: _____ Hours

Overtime: _____ Hours

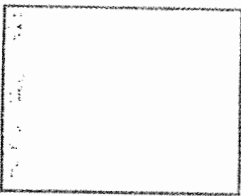
Insurable Earnings: _____ Week

_____ Amount

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Washington State Department of
Labor & Industries
 Employment Standards Program
 PO Box 44510
 Olympia WA 98504-4510
 Phone (360) 219-7321
 FAX (360) 962-5300

PARENT/SCHOOL AUTHORIZATION
 For parents or legal guardians and school officials to indicate approval for
 a minor employee to work according to the terms listed by the employer.
 Email: teenstaff@Lni.wa.gov OR web page: www.TeenWorkers.Lni.wa.gov



THIS IS NOT A MINOR WORK PERMIT
 Employers must have a minor work permit endorsement on their Master Business License for
 each work location with employees under age 18 and renew it each year.
 See www.DOL.wa.gov/forms/100023.html

This form is to be kept on file by the employer at the minor's workplace and is available for departmental audit.
 Additionally, the employer must renew this parent/school authorization by September 30 of each year or when work schedule changes.

Name of minor: <u>Eliah Gordon</u>	Name of minor's school: (if home school, please note) <u>Lake Stevens High School</u>
Minor's address: <u>1424 114th Ave SE</u>	School's address:
City <u>Lake Stevens</u> State <u>WA</u> ZIP <u>98258</u>	City <u>Lake Stevens</u> State <u>WA</u> ZIP <u>98258</u>
Minor's Birth Date (Must be accompanied by proof) Month <u> </u> Day <u> </u> Year <u>1997</u>	

Wage per hour to be paid: <u>\$ 9.32</u>	Number of working days per week: School week: <u>2</u> Non-School week: <u> </u>	Is minor employed at any other job? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If answered as "Yes", list total hours worked per week at other job: <u>2.19</u>
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Maximum number of work hours during SCHOOL year*

Max. hours to be worked PER DAY:
 Monday - Thursday: 4
 Friday - Sunday: 4
school/parent may adjust limit as needed

Max. hours to be worked PER WEEK:
 Weekly max: 8
school/parent may adjust limit as needed

Maximum number of work hours during NON-SCHOOL year

Max. hours to be worked PER DAY:
 Monday - Thursday: 4
 Friday - Sunday: 4
parent may adjust limit as needed

Max. hours to be worked PER WEEK:
 Weekly max: 8
parent may adjust limit as needed

**See Section below on the Special Variance*

Start and Quit time during SCHOOL year

Earliest start time:
 Monday - Sunday: 8:30 AM
 Friday - Saturday: 8:30 AM

Latest quit time:
 Sun - Thursday: 9:30
 Friday - Saturday: 4:30
school/parent may adjust quit time as needed

Start and Quit time during NON-SCHOOL year

Earliest start time:
 Monday - Sunday: 8:30 AM
 Friday - Saturday: 8:30 AM

Latest quit time:
 Sun - Thursday: 10
 Friday - Saturday: 10
parent may adjust quit time as needed

JOB DUTIES FOR MINOR EMPLOYEE:
assist customers, restock inventory

Name of BUSINESS: Everett Silvertips Telephone number: 425 252 5100 9-Digit UBI & 3-Digit Number for business location:
 Address of minor's work location: 2000 Hewitt Ave Ste 100 City: Everett State: WA ZIP+4: 98203-5300

Expiration date of minor work permit endorsement:

EMPLOYER SIGNATURE

Date: <u>1-29-14</u>	Telephone Number: <u>425 252 5100</u>	Title: <u>Exec VP</u>	Signature of EMPLOYER REPRESENTATIVE/Print Name: <u>[Signature]</u>
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EMPLOYEE SIGNATURE

Date: <u>1-29-14</u>	Telephone Number: <u>425 252 5100</u>	Signature of EMPLOYEE/Print Name: <u>Eliah Gordon</u>
----------------------	---------------------------------------	---

PARENTAL AUTHORIZATION
 (These sections to be completed by the minor's parent or guardian and school after employer completes top portion.)

I CONSENT TO ALLOW THE MINOR LISTED TO BE EMPLOYED AT THE OCCUPATION AND UNDER THE CONDITIONS STATED ABOVE

Date: <u>1-24-14</u>	Telephone Number: <u>425 870 6024</u>	Signature of PARENT or GUARDIAN / Print Name: <u>Robert Gordon</u>
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SCHOOL AUTHORIZATION (when school is in session)

THE STATED HOURS OF EMPLOYMENT MEET THE REQUIREMENTS OF SCHOOL ATTENDANCE REGULATIONS AND ARE HEREBY APPROVED

Date: <u>1/24/14</u>	Telephone Number: <u>425-335-5000</u>	Title: <u>SPD Lead</u>	Signature of SCHOOL AUTHORITY/Print Name: <u>[Signature]</u>
----------------------	---------------------------------------	------------------------	--

2002-2003 Minor Work Permit Authorization 10-21-13 Ruth Smethes

NOTE: Parents and school representatives should not sign this form unless the boxes for the daily and weekly work schedule are completely filled out to reflect the anticipated maximum hours of work. The school or parent may limit the hours of work for a student according to how the student will be affected by working too many hours, e.g., homework, attendance, etc. and may reduce and approve fewer hours than the rules allow or are requested by the employer.

Optional School Week Special Variance Authorization
 (Non-agricultural Employment Only)
 For 16- and 17-year-old Minors

A Special Variance allows a 16- or 17-year-old minor to work up to 28 hours per week with 6-hour shifts during the school week with approval of the authorized school official and the parent. All parties must agree to these additional hours, [pursuant to WAC 296-125-070(3)].

School officials should not sign for any additional hours allowed by the Special Variance if a review of the student's progress indicates the additional work hours will be detrimental to the minor's educational activities.

Please check if planning to use the Special Variance for additional school-week work hours

Yes No

[Signature]
 Parental Authorization

[Signature]
 School Authorization

PARENTS: To get a copy of the prohibited duties and other child labor provisions, contact L&I by phone or email listed on the front of this form or via the internet at www.TeenWorkers.Lni.wa.gov.

PADRES: Si tiene preguntas o necesita información en español sobre este formulario u otros requisitos para los trabajadores adolescentes, por favor vaya a www.Lni.wa.gov/Spanish/WorkplaceRights/TeenWorkers o llame al 1-866-219-7321.

For translation help in any other language, please call 1-866-219-7321 and press 0.

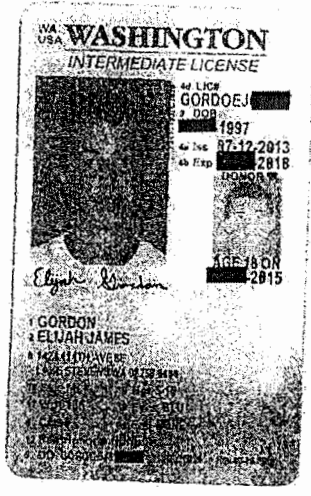
Comments by School Representative or Parent:

General Information on Hours of Work Allowed For Minors

Once this form has been signed by parents and school, parents may keep the chart of work hours below for their reference. For more information, email teensafety@Lni.wa.gov or visit the Teen Workers website at www.TeenWorkers.Lni.wa.gov

Hours and Schedules Minors are Permitted to Work in Non-agricultural Jobs					
	Hours a Day	Hours a Week	Days a Week	Begin	Quit
12- and 13-year-olds					
School weeks	3 hours (3 hours Sat.-Sun.)	16 hours	6 days	7 a.m.	7 p.m.
Non-school weeks	8 hours	40 hours	6 days	7 a.m.	7 p.m. (8 p.m. June 1 to Labor Day)
14- and 15-year-olds					
School Weeks	4 hours (4 hours Fri.-Sat.)	20 hours	6 days	7 a.m.	10 p.m. (Midnight Fri.-Sat.)
School Weeks with a special variance from school	6 hours (6 hours Fri.-Sat.)	28 hours	6 days	7 a.m.	10 p.m. (Midnight Fri.-Sat.)
Non-school weeks	8 hours	48 hours	6 days	5 a.m.	Midnight
<ul style="list-style-type: none"> An adult must supervise minors working after 8 p.m. in service occupations, such as restaurants and retail businesses. Overtime rules apply for all hours worked over 40 in one week. These rules also apply to home-schooled teens. 					

Hours and Schedules Minors are Permitted to Work in Agricultural Jobs					
	Hours a Day	Hours a Week	Days a Week	Begin	Quit
12- and 13-year-olds					
Non-school weeks	8 hours	40 hours	6 days	5 a.m.	9 p.m.
Note: 12- and 13-year-olds are allowed to work only during non-school weeks hand-harvesting berries, fruits, cucumbers and spinach.					
14- and 15-year-olds					
School weeks	3 hours (3 hours Non-school days)	21 hours	6 days	7 a.m. (6 a.m. in animal agriculture and irrigation)	8 p.m.
Non-school weeks	8 hours	40 hours	6 days	5 a.m.	9 p.m.
* Exception: 14- and 15-year-olds are allowed to work 7 days a week in dairy, livestock, hay harvest and irrigation during school and non-school weeks.					
16- and 17-year-olds					
School weeks	4 hours (4 hours Non-school days)	28 hours	6 days	5 a.m.	10 p.m. (No later than 9 p.m. on more than 2 consecutive nights before a school day.)
Non-school weeks	10 hours	50 hours (60 hours per week in mechanical harvest of peas, wheat and hay)	6 days	5 a.m.	10 p.m.
* Exception: 16- and 17-year-olds are allowed to work 7 days a week in dairy, livestock, hay harvest and irrigation during school and non-school weeks.					



APPLICATION FOR EMPLOYMENT



This generic application is provided by WorkSource Washington. This form complies with federal and state laws against discrimination; however, employers using this form should check local ordinances. WorkSource Washington and Washington State Employment Security are not responsible for the misuse of information provided on this form. Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

GENERAL INFORMATION

Date of Birth [REDACTED] 1997

Name (Last) Gordon	(First) Elijah	(Middle Initial) J	Home Telephone (425) 873-5034
Address (Mailing Address) 1124 44th Ave SE	(City) Lake Stevens	(State) WA	(Zip) 98258
E-Mail Address Elijah.Gordon@gmail.com			Other Telephone (425) 231-3264
Are you legally entitled to work in the U.S.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

POSITION

Position Or Type Of Employment Desired Sales	Will Accept: <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available 8.25.13	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No
If no, list the highest grade completed

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date

Languages Read, Written or Spoken Fluently Other Than English: None

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)
hand writing

101

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claim and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent.	A	
B	Enter "1" if: <ul style="list-style-type: none"> You are single and have only one job; or You are married, have only one job, and your spouse does not work; or Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	1
C	Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).	E	
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> If your total income will be less than \$65,000 (\$85,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. If your total income will be between \$65,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child. 	G	
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H	1

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate OMB No. 1546-0074 2013	
Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.			
1	Your first name and middle initial Elijah J	Last name Gordon	Your Social Security number [REDACTED] 1352
Home address (number and street or rural route) 1424 14th Avenue SE		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code Lake Stevens, WA, 98258		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>	
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6	1
6	Additional amount, if any, you want withheld from each paycheck	6	\$ 0
7	I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> I last year had a right to a refund of all federal income tax withheld because I had no tax liability, and This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.	7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.			
Employee's signature (This form is not valid unless you sign it.)		Date	
Elijah Gordon		8-13-13	
8	Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.)	9	Employer's identification number (EIN)

Department of Homeland Security
U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name - Last <u>Gooden</u>	First <u>Elijah</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>1424 114th Ave SE</u>		City <u>Lake Stevens</u>	State <u>WA</u>
Zip Code <u>98258</u>		Date of Birth (month/day/year) <u>[redacted]-1997</u>	Social Security # <u>[redacted]-1352</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am check one of the following:

- A citizen of the United States
- A naturalized national of the United States (see instructions)
- A lawful permanent resident (Alien #)
- An alien authorized to work (Alien # or Admission #) until (expiration date, if applicable: month/day/year)

Employee's Signature
Elijah Gooden

Date (month/day/year)
8-13-13

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title <u>Driver's License</u>				
Issuing authority <u>WA</u>				
Document # <u>Gordoe JD</u>				
Expiration Date (if any) <u>[redacted] 18</u>				
Document #				
Expiration Date (if any)				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 08/25/13 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Sheila Procter-Lynn</u>	Print Name <u>Sheila Procter-Lynn</u>	Title <u>Director of retail operations</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Erectch Silverdaps</u>		Date (month/day/year) <u>08/25/13</u>

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Hire (if applicable)

B. Date of Review (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization

Document Title	Document #	Expiration Date (if any)
----------------	------------	--------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative

Date (month/day/year)

The Everett Silvertips Hockey Club Timesheet

Name: Elgin Gordon Division: Team Store Time Period: October 2013

Regular Time: ~~16~~ ¹⁶ Hours

Overtime: _____ Hours

Explanation: _____

★ deduct 100.00

Employee's Signature: Elgin Gordon

Approved By: [Signature]

Verified By: [Signature]

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 2	<input type="checkbox"/>	4 4	4 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 1a
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Elijah Gordon Division: Team Store Time Period: _____ 20__

Regular Time: 10 Hours

Overtime: _____ Hours

Explanation: _____

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/> 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/> 6	<input type="checkbox"/>	4 8 <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4 <input type="checkbox"/> 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee's Signature: Elijah Gordon

Approved By: [Signature]

Verified By: [Signature]

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Elijah Gordon Division: Team Store Time Period: _____ 20__

Regular Time: _____ Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: Elijah Gordon

Approved By: _____

Verified By: [Signature]

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Elijah Gordon Division: Team Store Time Period: December 20

Dec-27, Jan, 3
Jan 10

Regular Time: 8 Hours

Overtime: _____ Hours

Explanation: _____

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 10 <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee's Signature: Elijah Gordon

Approved By: SK Partr - Long

Verified By: 3 - [Signature]

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Elijah Gordon Division: Team Store Time Period: Aug. 2013

Regular Time: 26 Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: Elijah Gordon

Approved By: SPHR-Ling

Verified By: 3-Rji

SUN	MON	TUES	WED	THU	FRI	SAT
3.5 hours 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 hours 30	10 31
6.5 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

APPLICATION FOR EMPLOYMENT

This generic application is provided by WorkSource Washington. This form complies with federal and state laws against discrimination; however, employers using this form should check local ordinances. WorkSource Washington and Washington State Employment Security are not responsible for the misuse of information provided on this form. Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

GENERAL INFORMATION Date of Birth [REDACTED] 1997

Name (Last) Gottas	(First) Megan	(Middle Initial) L.	Home Telephone (360)655-7259
Address (Mailing Address) 6212 58th ST NE		(City) Marysville	(State) (Zip) WA 98270
E-Mail Address hgottas@comcast.net		Are you legally entitled to work in the U.S.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Position Or Type Of Employment Desired: **Silverties Store**

Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No

Salary Desired: **Open**

Date Available: **now**

Will Accept:
 Part-Time
 Full-Time
 Temporary

Shift:
 Day
 Swing
 Graveyard
 Rotating

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No - *haven't graduated*
 If no, list the highest grade completed - *10th grade*

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where issued	Expiration Date

Languages Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)



EMS 10171 CC 7540-632 635
ESU 1999 Rev. 12/00/03

Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties (Maximum 1000 characters)		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties (Maximum 1000 characters)		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties (Maximum 1000 characters)		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties (Maximum 1000 characters)		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant *Walter G. Gifford* Date 8-24-13

Interviewer's Comments:

WorkSource Washington and Washington State Employment Security are equal opportunity employers and providers of employment and training services. Auxiliary aids and services are available to persons with disabilities upon request.



PLEASE TYPE OR PRINT CLEARLY USING A DARK BALL POINT PEN

Applicant #1 Name (Last, First, Middle Initial)	Gottas, Megan L	Applicant Phone	360-652-9259
Applicant #2 Name (Last, First, Middle Initial)		Applicant Phone	360-540-0039
Applicant #1 Social Security Number or Tax ID Number	[REDACTED]		-41095

Name on Bank Account (if different)	Bank Account Number	Bank Name	Banking Number (ABA)	Bank Phone Number	CHECKING <input type="checkbox"/>	SAVINGS <input checked="" type="checkbox"/>
	[REDACTED]	BEGU	325081403	800-232-2328		

Please attach a voided check. If you do not have a check, please request your bank to provide a voided check.

Payee Name	John Doe 110 South 80th St Provo, UT 84601 (801) 555-7500	Date	10/1
Pay to the Order of	VOID		
Bank Name	First Bank 5050 North 210 West Provo, UT 84601 (801) 555-2550	Account No.	0123456789012345678901

fax 403-526-4000

The Everett Silvertips Hockey Club Timesheet

Name: Megan Grottas Division: Team Store Time Period: Sep 2013

→ worked from 4:30-5:30 in store.

Regular Time: 28 Hours
Overtime: _____ Hours
Explanation: _____

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 11	10 12	10 13	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee's Signature: Megan Grottas
Approved By: SWP
Verified By: J-R

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Megan Gattas Division: Team Store Time Period: October 2013

Regular Time: 12 Hours

Overtime: _____ Hours

Explanation: _____

deduct 50⁰⁰

Employee's Signature: Megan Gattas

Approved By: [Signature]

Verified By: [Signature]

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	4 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only

Regular Time: _____ Hours

Overtime: _____ Hours

Insurable Earnings: _____ Week

_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Meghan Gattas Division: Team Store Time Period: November 2013

Regular Time: 8 Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: Meghan Gattas

Approved By: [Signature]

Verified By: [Signature]

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only

Regular Time: _____ Hours

Overtime: _____ Hours

Insurable Earnings: _____ Week

_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Megan Grottas Division: Team Store Time Period: NOV 2013

Regular Time: _____ Hours

Overtime: _____ Hours

Explanation: _____

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 ¹⁵	4 ¹⁶
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee's Signature: Megan Grottas

Approved By: _____

Verified By: [Signature]

Payroll Purposes Only	
Regular Time: _____	Hours
Overtime: _____	Hours
Insurable Earnings: _____	Week
_____	Amount

The Everett Silvertips Hockey Club Timesheet

Name: Megan Gattas Division: Team Store Time Period: Dec 2013

Regular Time: 7.5 Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: Megan Gattas

Approved By: Spencer-Lang

Verified By: 3-By-

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.5 <input type="checkbox"/>
4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Megan Gattas Division: Team Store Time Period: Dec 2012

Regular Time: 8 Hours
Overtime: _____ Hours
Explanation: _____

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 27	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 10	<input type="checkbox"/>

Employee's Signature: Megan Gattas
Approved By: SK Palter Lay
Verified By: 3-02

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Megan Gattas Division: Team Store Time Period: January 2014

Regular Time: 8 Hours

Overtime: _____ Hours

Explanation: _____

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee's Signature: Megan Gattas

Approved By: SPartorley

Verified By: 3-Ry

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Megan Gattas Division: Team Store Time Period: Jan/Feb 2014

Regular Time: 12 Hours

Overtime: _____ Hours

Explanation: _____

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	1
4	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee's Signature: Megan Gattas

Approved By: SP [Signature]

Verified By: [Signature]

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Megan Gattas Division: Team Store Time Period: Aug 2013

Regular Time: 33.5 Hours

Overtime: _____ Hours

Explanation: _____

SUN	MON	TUES	WED	THU	FRI	SAT
3.5 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 30	10 31
10 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee's Signature: Megan Gattas
Approved By: Spencer Long
Verified By: 3-Rj

Payroll Purposes Only

Regular Time: _____ Hours

Overtime: _____ Hours

Insurable Earnings: _____ Week
_____ Amount



PLEASE TYPE OR PRINT CLEARLY USING A DARK BALL POINT PEN

Applicant #1 Name (Last, First, Middle Initial) Trystin Scudder, Trystin, K. Mailing Address 125 1001-0152

Applicant #2 Name (Last, First, Middle Initial) _____ Mailing Address _____

Applicant #1 Social Security Number or Tax ID Number [] - [] - []

Name on Bank Account (if different) _____ Bank Name FCU

Bank Account Number 700-439-5700 CHECKING SAVINGS

Please attach a voided check. If you do not have a check, please contact your bank for the appropriate document to replace a voided check.

General Information: John Doe, 1234 South Ridge Rd, Piquette, UT 84301, (801) 555-1234 Date: _____ 101

Pay in the Order of: _____ \$ _____ Dollars

First Bank, 5550 North 130 West, Piquette, UT 84301, (801) 555-1234

Routing Number: _____ Account Number: _____

Please verify all information with your bank to ensure accuracy.

fax 403-526-4000

Trystin Scudder (k/k/s) For Office Use Only



10/24/2013

Trystin K Sanders
1920 76th Ave SE
Lake Stevens, WA 98258

Dear Trystin K Sanders

Welcome to BECU – a member-owned, not-for-profit credit union. Unlike traditional banks, we do not make a profit for stock holders; we return earnings to you in the form of better rates, fewer fees and more affordable financial services.

About Your Accounts

Below are your new BECU account numbers. Please save these numbers in a secure location. The BECU ABA routing number is 325081403.

Deposit Accounts

Checking

Early Saver Account



Your deposit account(s) has a daily limit on ATM withdrawals and debit card transactions; in addition, your account has a provisional credit allowance on the amount of funds you can access when you make a deposit(s) in any one day. These limits will be applied across all of your combined accounts and include all transactions made by all account holders. Limits are as follows:

- ATM Withdrawals* \$ 500
- Debit Card Transactions** \$ 2000
- Provisional Credit Allowance*** \$ 500

Full Range of Financial Services

Along with the account(s) you opened today, we offer a complete range of financial products and services:

- Free checking with no minimum balance requirements and no monthly fee
- Low non-variable rate Visa® credit card with an optional rewards program
- Industry leading home loan options, including 1st time home buyers, jumbo loans and refinancing
- Low rates on boat, RV and sport vehicle loans
- Wide network of ATMs nationwide through the CO-OP Network
- Free Online, Mobile and Telephone Banking

Get to Know Your Credit Union

We encourage you to take advantage of everything that your BECU membership has to offer. To learn more, visit www.becu.org, call us at 800-233-2328 or stop by any BECU location.

Thank you for being a member,

BECU

*The amount of money you may withdraw from an ATM per day.

**The total dollar limit for PIN or signature based transactions made with your debit card per day including purchases, cash back and cash advances.

***The funds made available immediately after a deposit has been made before the deposit has been verified or cleared the issuing account.



"Federally insured by NCUA"



APPLICATION FOR EMPLOYMENT

This generic application is provided by WorkSource Washington. This form complies with federal and state laws against discrimination; however, employers using this form should check local ordinances. WorkSource Washington and Washington State Employment Security are not responsible for the misuse of information provided on this form. Provide all information requested by printing in ink or typing. Use the "TAB" key to move through the document.

GENERAL INFORMATION Date of Birth [REDACTED] 1996

Name (Last) Sanders	(First) Trystin	(Middle Initial) K	Home Telephone (425) 501-5182
Address (Mailing Address) 1920 76th AVE SE		(City) (State) (Zip) Lake Stevens WA 98258	Other Telephone () - - -
E-Mail Address trystin.sanders@live.com		Are you legally entitled to work in the U.S.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Position Or Type Of Employment Desired Sales associate	Will Accept: <input checked="" type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input checked="" type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired Minimum wage	Date Available 10/4/2013	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No
 If no, list the highest grade completed **10th**

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date

Languages Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
-------------------	---------------	-------------------

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)



EMS 10171 CC 7540-032 635
ESD 1999 Rev. 12/30/03

WORK EXPERIENCE (most recent first) (include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title	Number Employees Supervised	
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title	Number Employees Supervised	
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title	Number Employees Supervised	
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title	Number Employees Supervised	
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant Jaylin Sanders Date 10/3/13

Interviewer's Comments:

WorkSource Washington and Washington State Employment Security are equal opportunity employers and providers of employment and training services. Auxiliary aids and services are available to persons with disabilities upon request.

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OMB No. 1615-0047; Expires 08/31/12

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name - Last Sanders	First Trystin	Middle Initial K	Married Name Kalsin
Address (Street Name and Number) 1970 76th Ave SE		Apt. #	Date of Birth (month/day/year) 11/19/96
City Lake Stevens	State WA	Zip Code 98258	Social Security # [REDACTED]-0723

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following)

- A citizen of the United States
- A naturalized national of the United States (see instructions)
- A lawful permanent resident (Alien #)
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Trystin Sanders
Employee's Signature

Date (month/day/year) **10/3/2015**

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature: *Shweta Putney* Print Name: _____
 Address (Street Name and Number, City, State, Zip Code): _____ Date (month/day/year): **10/3/13**

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

Document Title	OR	Document Title	AND	Document Title
DRIVERS LICENSE				
Issuing authority: WA				
Document # SANDETK [REDACTED]				
Expiration Date (if any) 10/27/17				
Document #				
Expiration Date (if any)				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Return (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization

Document Title	Document #	Expiration Date (if any)
----------------	------------	--------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------



Trystin

- Parent sig.
- copy of drivers license
- copy of SSCard

Washington State Department of Labor & Industries
Employment Standards Program
PO Box 44310
Olympia WA 98504-4510
Phone (866) 219-7321
FAX (360) 902-5300

PARENT/SCHOOL AUTHORIZATION

For parents or legal guardians and school officials to indicate approval for a minor employee to work according to the terms listed by the employer.

Email: teeninfo@Lni.wa.gov OR web page: www.TeenWorkers.Lni.wa.gov

THIS IS NOT A MINOR WORK PERMIT
Employers must have a minor work permit endorsement on their Master Business License for each work location with employees under age 18 and renew it each year.
See www.Dol.wa.gov/forms/700023.html

This form is to be kept on file by the employer at the minor's workplace and be available for departmental audit. Additionally, the employer must renew this parent/school authorization by September 30 of each year or when work schedule changes.

Name of minor <u>Trystin Sanders</u>	Name of minor's school (if home schooled, please note) <u>Lake Stevens High School</u>
Minor's address: <u>9120 76th Ave SE</u>	School's address:
City: <u>Lake Stevens</u> State: <u>WA</u> ZIP: <u>98258</u>	City: _____ State: _____ ZIP: _____
Minor's Birth Date (Must be accompanied by proof) Month: _____ Day: _____ Year: <u>1996</u>	

Wage per hour to be paid: <u>9.32</u>	Number of working days per week: School week: <u>3</u> Non-School week: _____	Is minor employed at any other job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If answered as "yes", list total hours worked per week at other job:
--	---	--	--

Maximum number of work hours during SCHOOL year*

Max. hours to be worked PER DAY	Monday - Thursday: <u>4</u>	Friday - Sunday: _____
school/parent may adjust limit as needed		
Max. hours to be worked PER WEEK	Weekly max: <u>12</u>	
school/parent may adjust limit as needed		

Maximum number of work hours during NON-SCHOOL year

Max. hours to be worked PER DAY	Monday - Thursday: <u>4</u>	Friday - Sunday: _____
parent may adjust limit as needed		
Max. hours to be worked PER WEEK	Weekly max: <u>12</u>	
parent may adjust limit as needed		

*See Section below on the Special Variance
Start and Quit time during SCHOOL year

Earliest start time	Mon-Fri: <u>5 pm</u>	Sat-Sun: _____
Latest quit time	Mon-Thursday: <u>10 pm</u>	Friday - Saturday: <u>10 pm</u>
school/parent may adjust quit time as needed		

Start and Quit time during NON-SCHOOL year

Earliest start time	Mon-Fri: <u>5 pm</u>	Sat-Sun: _____
Latest quit time	Mon-Thursday: <u>10 pm</u>	Friday - Saturday: <u>10 pm</u>
parent may adjust quit time as needed		

JOB DUTIES FOR MINOR EMPLOYEE:
assist customers, restock inventory

Name of BUSINESS <u>Everett SilverApt</u>	Telephone number <u>425-655-5100</u>	9-Digit OBI & 3-Digit Number for business location
Address of minor's work location <u>2000 Hewitt Ave #100</u>	City <u>Everett</u>	State <u>WA</u> ZIP <u>98201</u>

Expiration date of minor work permit endorsement:

EMPLOYER SIGNATURE

Date <u>12/13/13</u>	Telephone Number <u>425-655-5100</u>	Title <u>retail operations</u>	Signature of EMPLOYER REPRESENTATIVE <u>Sandra Purling</u>
-------------------------	---	-----------------------------------	---

EMPLOYEE SIGNATURE

Date <u>12/13/13</u>	Telephone Number <u>425-401-7182</u>	Signature of EMPLOYEE <u>Trystin Sanders</u>	Print Name <u>Trystin Sanders</u>
-------------------------	---	---	--------------------------------------

PARENTAL AUTHORIZATION

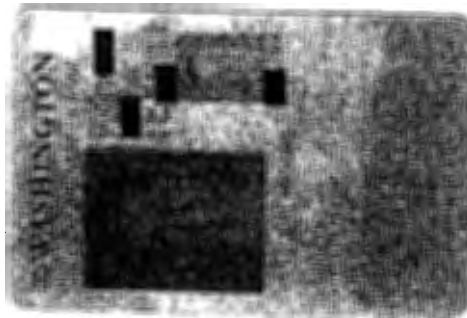
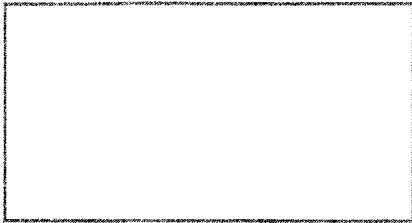
(These sections to be completed by the minor's parent or guardian and school after employer completes top portion.)
I CONSENT TO ALLOW THE MINOR LISTED TO BE EMPLOYED AT THE OCCUPATION AND UNDER THE CONDITIONS STATED ABOVE

Date <u>12/13/13</u>	Signature of PARENT OR GUARDIAN <u>[Signature]</u>	Print Name <u>[Name]</u>
-------------------------	---	-----------------------------

SCHOOL AUTHORIZATION (when school is in session)

THE STATED HOURS OF EMPLOYMENT MEET THE REQUIREMENTS OF SCHOOL ATTENDANCE REGULATIONS AND ARE HEREBY APPROVED

Date <u>1/29/14</u>	Telephone Number <u>425-335-5700</u>	Title <u>SWJ/cond</u>	Signature of SCHOOL AUTHORITY <u>[Signature]</u>	Print Name <u>[Name]</u>
------------------------	---	--------------------------	---	-----------------------------



The Everett Silvertips Hockey Club Timesheet

Name: Tristin Scudless Division: Team Store Time Period: October 10-20 2013

Regular Time: 16 Hours

Overtime: _____ Hours

Explanation: _____

deduct 50⁰⁰
*

Employee's Signature: [Signature]

Approved By: [Signature]

Verified By: [Signature]

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 4 th	4 5 th
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 11 th
4 20 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only

Regular Time: _____ Hours

Overtime: _____ Hours

Insurable Earnings: _____ Week

_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Tylin Sanders Division: Team Store Time Period: _____ 20__

Regular Time: 16 Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: Tylin Sanders

Approved By: [Signature]

Verified By: [Signature]

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4	4 <input type="checkbox"/>	<input type="checkbox"/>	4 4 8 <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only

Regular Time: _____ Hours

Overtime: _____ Hours

Insurable Earnings: _____ Week

_____ Amount

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The Everett Silvertips Hockey Club Timesheet

Name: Trystin Sanders Division: Team Store Time Period: _____ 20__

Regular Time: _____ Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: Trystin Sanders

Approved By: _____

Verified By: [Signature]

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 13	<input type="checkbox"/>	<input type="checkbox"/>	4 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only

Regular Time: _____ Hours

Overtime: _____ Hours

Insurable Earnings: _____ Week
 _____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Tristin Sanders Division: Team Store Time Period: _____ 20__

Regular Time: 12 Hours

Overtime: _____ Hours

Explanation: _____

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 14
4 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee's Signature: Tristin Sanders

Approved By: [Signature]

Verified By: [Signature]

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Trystin Sande Division: Team Store Time Period: _____ 20__

Regular Time: 8 Hours

Overtime: _____ Hours

Explanation: _____

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<u>4</u> <u>31</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>4</u> <u>8</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee's Signature: [Signature]
Approved By: [Signature]
Verified By: [Signature]

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

The Everett Silvertips Hockey Club Timesheet

Name: Tristin Sanders Division: Team Store Time Period: Jan-Feb 20

Regular Time: 16 Hours

Overtime: _____ Hours

Explanation: _____

Employee's Signature: Tristin Sanders

Approved By: SPutr-Ling

Verified By: z-ly

SUN	MON	TUES	WED	THU	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll Purposes Only	
Regular Time:	_____ Hours
Overtime:	_____ Hours
Insurable Earnings:	_____ Week
	_____ Amount

EXHIBIT C

(Seattle Thunderbirds MWP Information)

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STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

Employment Standards Program
901 N Monroe Street Ste#100 • Spokane, Washington 99201 Phone: (509) 324-2663 Fax: (509) 324-2618

December 9, 2013

STHC, Inc.
Seattle Thunderbirds Hockey Club, Inc.
365 Mercer St
Seattle WA 98109

COPA

SUBJECT: Employment of Minors

Dear Employer:

The Department of Labor and Industries has received notification that your business may be in violation of the child labor rules under WAC 296-125, "Non-Agricultural Employment of Minors". A copy of these rules is enclosed. These regulations state your firm must have the following records when employing minors:

- Current Minor Work Permit endorsement on your license to hire teens under 18 years of age.
- Fully completed parent/school authorization forms for each minor.
- Proof of minor's age. Examples include a copy of a birth certificate or driver's license, school ID or a witnessed statement of the parent or legal guardian.
- Minor's time cards
- Minor's work schedules

In order to verify or deny this allegation, it will be necessary for me to review copies of the documents itemized above for the period of ~~September 2013 to current~~. Please forward all the requested documentation to this office by December 20, 2013. These documents may be sent electronically or in hard copy. Every effort will be made to conduct this assignment expeditiously and with a minimum of inconvenience to you. If you have any questions, please contact me at 509-324-2663 or by email kann235@lhi.wa.gov.

Sincerely,

Kelly Kane
Industrial Relations Agent
509-324-2663
509-324-2618 fax
kann235@lhi.wa.gov



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES

Employment Standards Program
901 N Monroe Street Ste#100 # Spokane, Washington 99201 Phone: (509) 324-2663 Fax: (509) 324-2618

January 15, 2014

Seattle Thunderbirds
Attn: Collin Campbell
625 W James St
Kent WA 98032

SUBJECT: Employment of Minors

Dear Collin Campbell:

The Departments first inquiry dated December 2, 2013 with a response due date of December 13, 2013 was returned as "not deliverable" by the post office. A second notice dated December 9, 2013 with a due date of December 20, 2013 was sent to another address as listed in licensing and Labor & Industries did not receive a response or returned mail to this request. A final opportunity is being extended for Seattle Thunderbirds to respond to the Departments request for information and records before further steps are taken and/or a determination is made based on the information we have obtained.

The Department will need the records previously requested. (Please refer to original notice attached to this request). This information is being requested for all minors employed, in all areas of the business, including the Players under age 18.

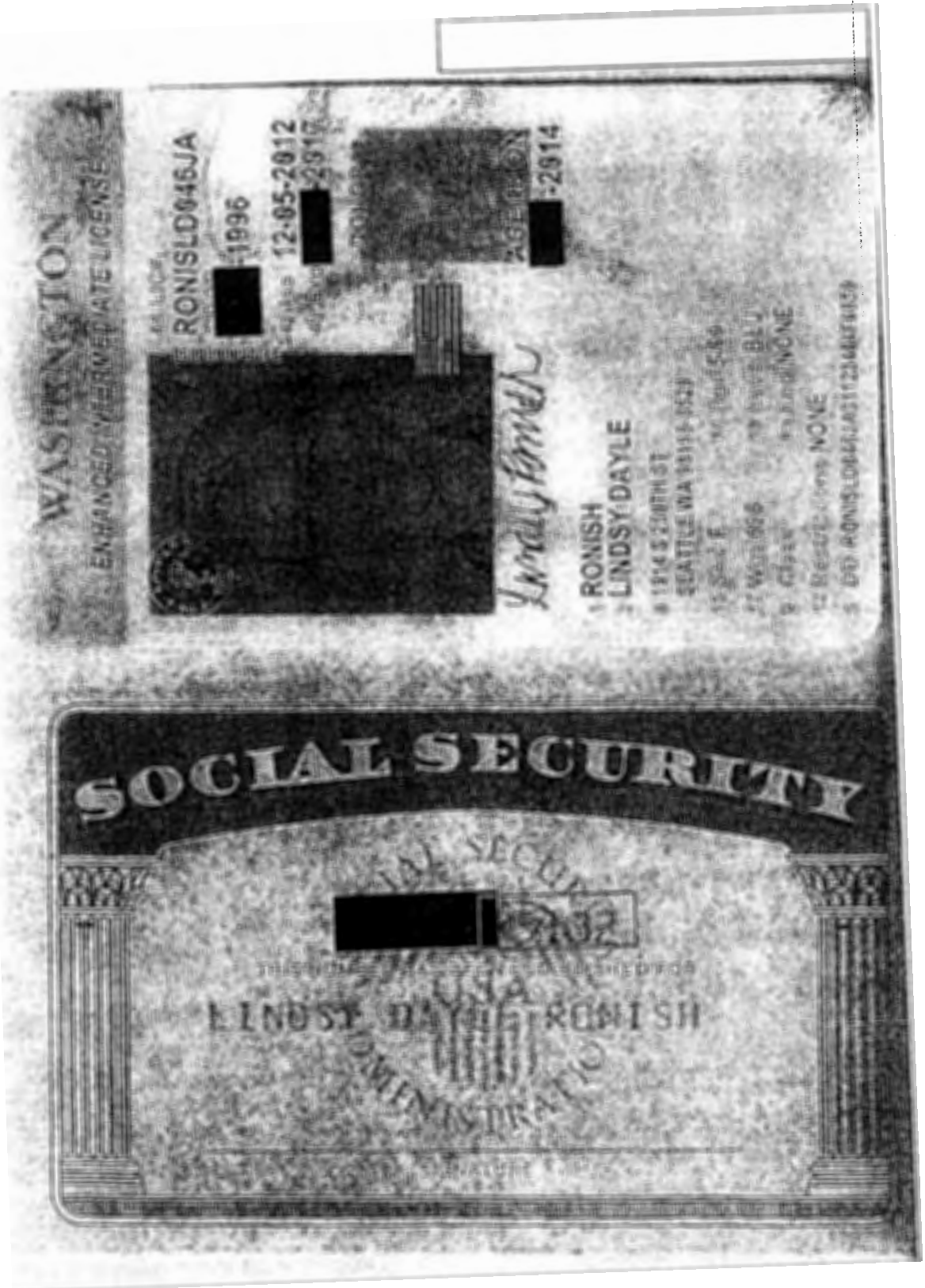
Please submit this information by January 27th at 5:00 pm. Please call me with any questions. Thank you

If you have any questions, please contact me at 509-324-2663 or by email kann235@lni.wa.gov.

Sincerely,

Kelly Kane
Industrial Relations Agent
509-324-2663
509-324-2618 fax
Kann235@lni.wa.gov

Enclosure: Copy: CL ER 1
Child Labor Packet



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HOCKEY STORE HOURS DEC. 1 - DEC. 31, 2013

Marci Ronish	36.5 hours	\$11	\$401.50
Lindsay Ronish	15 hours	\$10	\$150.00
Jennifer Parker	78 hours	\$12	\$936.00
Molli Ronish	16 hours	\$10	\$160.00



Washington State Department of Labor & Industries
Employment Standards Program
PO Box 44510
Olympia WA 98504-4510
Phone (866) 219-7321 FAX (360) 902-5300

PARENT/SCHOOL AUTHORIZATION

For parents or legal guardians and school officials to indicate approval for a minor employee to work according to the terms listed by the employer and within the limits of the child labor regulations.

Email: teensafety@lni.wa.gov or Web page: www.TeenWorkers.Lni.wa.gov

This is not a Minor Work Permit

Employers must have a minor work permit endorsement on their Business License for each work location with employees under age 18 and renew it each year.

See <http://bls.dor.wa.gov/minorworkpermit.aspx>

Do not mail this form to L&I. This form is to be kept on file by the employer at the minor's workplace and be available for department audit. A copy should also be maintained by the minor's school representative. Additionally, the employer must renew this parent/school authorization by September 30, of each year or when work schedule changes.

Employee (Minor's) Information

Name of Employee (Minor) <u>Lindsay D. Ronish</u>	Minor's Date of Birth (Must be accompanied by proof)	Month	Day	Year
Employee (Minor's) Address <u>1914 S. 250th St</u>	City <u>Seattle</u>	State <u>WA</u>	Zip <u>98198</u>	

Employee (Minor's) School Information

Name of Employee (Minor's) School (If home schooled, please note) <u>Seattle Christian Schools</u>	Phone Number (include area code) <u>206 246 8241</u>
School's Address <u>18301 Military Rd. S</u>	City <u>Seatac</u>
	State <u>WA</u>
	Zip <u>98188</u>

Employer Information

Employer Business Name <u>Seattle Thunderbirds</u>	Phone Number <u>253 856 6832</u>	9-Digit UBI for Business Location	Expiration Date of Minor Work Permit
Address of Minor's Work Location <u>625 W. James St</u>	City <u>Kent</u>	State <u>WA</u>	Zip

Wage per hour: <u>\$ 10.00</u>	Number of days per week: School week: _____ Non-School week: <u>2</u>	List Job Duties: <u>Team Store, assist customers, take cash, credit cards</u>	Is minor employed at any other job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If answered as "yes" how many hours per week _____
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Maximum number of work hours during School year

Maximum hours to be worked Per Day:
Monday - Thursday _____
Friday - Sunday <u>5</u>
School/parent may adjust limits as needed:
Maximum hours to be worked Per Week:
Weekly maximum: <u>15</u>
School/parent may adjust limit as needed:

Start and Quit time during School year

Earliest start time:	Circle One
Monday - Thursday _____	AM PM
Friday - Saturday <u>11:00</u>	<u>AM</u> PM
Latest quit time:	Circle One
Sunday - Thursday _____	AM PM
Friday - Saturday <u>5:00</u>	AM <u>PM</u>
School/parent may adjust quit time as needed:	

Maximum number of work hours during Non-School year

Maximum hours to be worked Per Day:
Monday - Sunday <u>5</u>
Parent may adjust limits as needed:
Maximum hours to be worked Per Week:
Weekly maximum: <u>15</u>
Parent may adjust limit as needed:

Start and Quit time during Non-School year

Earliest start time:	Circle One
Monday - Sunday <u>11:00</u>	<u>AM</u> PM
Latest quit time:	Circle One
Monday - Sunday <u>5:00</u>	AM <u>PM</u>
Parent may adjust quit time as needed:	

F700 002-000 Parent School Authorization 08-2013

Employer Signature

Date 1/21/14	Title Dir. of Finance	Employer Representative Signature <i>[Signature]</i>	Print Name Andrea J. Old Coyote Harris
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Employee (Minor's) Signature

Date 1-21-14	Employee (Minor) Signature <i>[Signature]</i>	Print Name LINDSEY RANICH
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Parental Authorization

(These sections to be completed by the minor's parent or guardian and school after employer completes top portion.)

I consent to allow the minor listed to be employed at the occupation and under the conditions stated above.

Date 1-15-14	Phone Number 206 878 8227	Parent or Guardian Signature <i>[Signature]</i>	Print Name Mara Ranich
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School Authorization (when school is in session)

The stated hours of employment meet the requirements of school attendance regulations and are hereby approved.

Date 1-21-14	Phone Number 206 246 8241	Title Registrar	School Authority Signature <i>[Signature]</i>	Print Name Carric D Doherty
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NOTE: Parents and school representatives should not sign this form unless the boxes for the daily and weekly work schedule are completely filled out to reflect the anticipated maximum hours of work. The school or parent may limit the hours of work for a student according to how the student will be affected by working too many hours, e.g., homework, attendance, etc. and may reduce and approve fewer hours than the rules allow or are requested by the employer.

Optional School Week Special Variance Authorization
(Non-Agricultural Employment Only)
For 16- and 17-year-old Minors

A Special Variance allows a 16- or 17-year-old minor to work up to 28 hours per week with 8-hour shifts during the school week with approval of the authorized school official and the parent. All parties must agree to these additional hours. (pursuant to WAC 296-125-070(3)).

School officials should not sign for any additional hours allowed by the Special Variance if a review of the student's progress indicates the additional work hours will be detrimental to the minor's educational activities.

Please check if planning to use the Special Variance for additional school-week work hours.

Yes No

Parental Authorization

School Authorization

Parents: To get a copy of the prohibited duties and other child labor provisions, contact L&I by phone or email listed on the front of this form or via the internet at www.TeenWorkers.Lni.wa.gov.

Padres: Si tiene preguntas o necesita información en español sobre este formulario u otros requisitos para los trabajadores adolescentes, por favor vaya a www.Lni.wa.gov/Spanish/WorkplaceRights/TeenWorkers o llame al 1-866-219-7321.

For translation help in any other language, please call 1-866-219-7321 and press 0.

Comments by School Representative or Parent:

[Empty box for comments]

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General Information on Hours of Work Allowed For Minors

Once this form has been signed by parents and school, parents may keep the chart of work hours below for their reference. For more information, email teensafety@l.ni.wa.gov or visit the Teen Workers website at www.TeenWorkers.l.ni.wa.gov.

Hours and Schedules Minors are permitted to Work in Non-Agricultural Jobs					
	Hours of Day	Hours a Week	Days a Week	Begin	Quit
14- and 15-year-olds					
School weeks	3 hours (8 hours Sat – Sun)	16 hours	6 days	7 a.m.	7 p.m.
Non-school weeks	8 hours	40 hours	6 days	7 a.m.	7 p.m. (9 p.m. June 1 to Labor day)
16- and 17-year-olds					
School week	4 hours (8 hours Fri – Sun.)	20 hours	6 days	7 a.m.	10 p.m. (Midnight Fri – Sat)
School weeks with a special variance from school	6 hours (8 hours Fri. – Sun.)	28 hours	6 days	7 a.m.	10 p.m. (Midnight Fri – Sat)
Non-school weeks	8 hours	48 hours	6 days	5 a.m.	Midnight
<ul style="list-style-type: none"> An adult must supervise minors working after 5 p.m. in service occupations, such as restaurants and retail businesses. Overtime rules apply for all hours worked over 40 in one week. These rules also apply to home-schooled teens. 					

Hours and Schedules Minors are permitted to Work in Agricultural Jobs					
	Hours of Day	Hours a Week	Days a Week	Begin	Quit
12- and 13-year-olds					
Non-school weeks	8 hours	40 hours	6 days	5 a.m.	9 p.m.
Note: 12- and 13-year-olds may perform work only during non-school week's hand-harvesting berries, bulbs, cucumbers and spinach.					
14- and 15-year-olds					
School week	3 hours 8 hours non-school days	21 hours	6 days*	7 a.m. (6 a.m. in animal agriculture and irrigation)	8 p.m.
Non-school weeks	8 hours	40 hours	6 days*	5 a.m.	9 p.m.
16- and 17-year-olds					
School week	4 hours 8 hours non-school days	28 hours	6 days*	5 a.m.	10 p.m. (No later than 9 p.m. or more than 2 consecutive nights before a school day)
Non-school weeks	10 hours	50 hours (60 hours per week in mechanical harvest of peas, wheat and hay)	6 days*	5 a.m.	10 p.m.
*Exception: 14- to 17-year-olds are allowed to work 7 days a week in dairy, livestock, hay harvest and irrigation during school and non-school weeks.					

F 700-002-000 Parent School Authorization 08-2013

EXHIBIT D

(Tri-Cities Americans MWP
Information)

1664

Employee Name	Currently Minor	Current Employee
Aaron Beitz	no	no
Connor Bray	yes	yes
Dina Merkulov	yes	yes
Kaylee McClure	yes	yes
Robert Barnes	no	no
Megan Loman	no	no
Travis Rybarski	no	yes

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TOYOTA CENTER
7000 W. Grandridge Blvd.
Kennewick, WA 99336
509.736.0606
509.763.4591 fax
www.amshockey.com

December 9, 2013

Department of Labor and Industries

Dear Kelly Kane:

SUBJECT: EMPLOYMENT OF MINORS

Please find enclosed requested documents.

After gathering the requested documents, we realized that we neglected to have a parent/school authorization done for the 2013-2014 school year for Dina Merkulov. As you will see by the provided documents we did have one on file from last year. Upon realizing this document was not in her file we immediately had one signed by her parents and school.

Also, you will note there is no work schedule for Dina Merkulov. Her schedule is done monthly or she is called in when other scheduled store employees are sick. She will be working this December 13th from 6pm to 9pm and then on December 14th from 8am to 2pm in our team store. This last shift is a single occurrence for a team store sale.

Sincerely,

TOP SHELF ENTERTAINMENT INC.

Dennis Loman

Treasurer

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STATE OF WASHINGTON

BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 602 527 832
Business ID #: 1
Location: 1
Expires: 08-31-2014

TOP SHELF ENTERTAINMENT, INC.
TRI CITY AMERICANS HOCKEY TEAM
7000 W GRANDRIDGE BLVD
KENNEWICK WA 99336 7723

TAX REGISTRATION
INDUSTRIAL INSURANCE
MINOR WORK PERMIT

UNEMPLOYMENT INSURANCE

DUTIES OF MINORS:
Concierge, game day helpers

LICENSING RESTRICTIONS:
Minors working above ground level must be at least 16 years of age.
WAC 296-125-033 (5) (b)
Court permission and a variance from L&I is required to hire minors under the age of 14 in non-agriculture jobs. Call 360-902-5316 or email teensafety@lni.wa.gov for information.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

CAPITOL BUILDING
08-31-2014

1 1

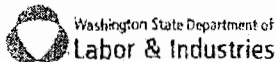
ENTERTAINMENT, INC.
ANS HOCKEY TEAM
DGE BLVD
99336 7723

OM
URANCE
MIT
NSURANCE

Department of Revenue

SECTION FOR YOUR WAJ&ET

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Washington State Department of
Employment Standards Program
PO Box 44510
Olympia WA 98504-4510
Phone (866) 219-7321 FAX (360) 962-6300

PARENT/SCHOOL AUTHORIZATION

For parents or legal guardians and school officials to indicate approval for a minor employee to work according to the terms listed by the employer and within the limits of the child labor regulations.

Email: teensafety@lni.wa.gov or Web page: www.TeenWorkers.Lni.wa.gov

This is not a Minor Work Permit

Employers must have a minor work permit endorsement on their Business License for each work location with employees under age 18 and renew it each year.

See <http://bls.dor.wa.gov/minorworkpermit.aspx>

Do not mail this form to L&I. This form is to be kept on file by the employer at the minor's workplace and be available for department audit. A copy should also be maintained by the minor's school representative. Additionally, the employer must renew this parent/school authorization by September 30, of each year or when work schedule changes.

Employee (Minor's) Information

Name of Employee (Minor) <u>Dina Merkulov</u>	Minor's Date of Birth (Must be accompanied by proof) [Redacted]	Month [Redacted]	Day [Redacted]	Year <u>1996</u>
Employee (Minor's) Address <u>1406 S. Vancouver St.</u>	City <u>Kennewick</u>	State <u>WA</u>	Zip <u>99338</u>	

Employee (Minor's) School Information

Name of Employee (Minor's) School (If home schooled, please note) <u>Southridge High School</u>	Phone Number (include area code) <u>(509) 223-7200</u>
School's Address <u>3520 Southridge Blvd.</u>	City <u>Kennewick</u> State <u>WA</u> Zip <u>99338</u>

Employer Information

Employer Business Name <u>Top Shelf Ent Inc</u>	Phone Number <u>509-7360606</u>	9-Digit UBI for Business Location <u>602-527-832</u>	Expiration Date of Minor Work Permit <u>09/31/2014</u>
Address of Minor's Work Location <u>7000 W. Grandridge Blvd</u>	City <u>Kennewick</u>	State <u>WA</u>	Zip <u>99336</u>

Wage per hour: <u>\$ 9.19</u>	Number of days per week: School week: <u>3</u> Non-School week: <u>0</u>	List Job Duties: <u>helping in team store</u>	Is minor employed at any other job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If answered as 'yes', how many hours per week
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Maximum number of work hours during School year	
Maximum hours to be worked Per Day:	
Monday - Thursday	<u>3 hrs</u>
Friday - Sunday	<u>6 hrs</u>
School/parent may adjust limits as needed:	
Maximum hours to be worked Per Week:	
Weekly maximum:	<u>9 hrs</u>
School/parent may adjust limit as needed:	

Start and Quit time during School year	
Earliest start time:	Circle One
Monday - Thursday	<u>6:00</u> AM <input checked="" type="radio"/> PM
Friday - Saturday	<u>8:00</u> AM <input checked="" type="radio"/> PM
Latest quit time	Circle One
Sunday - Thursday	<u>9:00</u> AM <input checked="" type="radio"/> PM
Friday - Saturday	<u>9:00</u> AM <input checked="" type="radio"/> PM
School/parent may adjust quit time as needed:	

Maximum number of work hours during Non-School year	
Maximum hours to be worked Per Day:	
Monday - Sunday	<u>0</u>
Parent may adjust limits as needed:	
Maximum hours to be worked Per Week:	
Weekly maximum:	<u>0</u>
Parent may adjust limit as needed:	

Start and Quit time during Non-School year	
Earliest start time:	Circle One
Monday - Sunday	<u>0</u> AM PM
Latest quit time	Circle One
Monday - Sunday	<u>0</u> AM PM
Parent may adjust quit time as needed:	

F700-002-050 Parent School Authorization 08-2013

Employment Standards Program
PO Box 44510
Olympia WA 98504-4510
Phone (360) 932-5316
FAX (360) 932-5300



PARENT/SCHOOL AUTHORIZATION

For parents or legal guardians and school officials to indicate approval for a minor employee to work according to the terms listed by the employer.

Email: teensafety@lnl.wa.gov OR web page: www.TeenWorkers.Lnl.wa.gov

THIS IS NOT A MINOR WORK PERMIT
Employers must obtain a minor work permit endorsement on their Master Business License for each workplace with employees under age 18. Minor work permit endorsements must be renewed each year. Go to www.DoL.wa.gov/forms/700028.htm

PLEASE NOTE: This form is to be kept on file by the employer at the minor's workplace and be available for departmental audit. Additionally, the employer must renew this parent/school authorization by September 30 of each year.

(This section to be completed by the employer and minor employee.)				COMPLETE ALL SECTIONS IN FULL.			
Name of minor: <u>Dina Merkulov</u>				Name of minor's school: (if home schooled, please note) <u>Southridge High School</u>			
Minor's address: <u>1606 South Vancouver St.</u>				School's address: <u>3520 Southridge Boulevard</u>			
City <u>Kennecook</u>	State <u>WA</u>	ZIP <u>99337</u>	City <u>Kennecook</u>	State <u>WA</u>	ZIP <u>99338</u>		
Minor's Birth Date: <u>[redacted]</u>			Date: <u>09/17/2012</u>	Signature of MINOR EMPLOYEE: <u>Dina Merkulov</u>			
(Must be accompanied by proof) Month <u> </u> Day <u> </u> Year <u> </u>							
Wage per hour to be paid: \$ <u>9.04</u>	Number of working days per week: <u>3 max</u>	Is minor employed at any other job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If answered as "yes", list total hours worked per week at other job: <u> </u>			
Max. hours to be worked per day during school year: Monday - Thursday <u>2 hrs</u> Friday - Sunday <u>3 hrs</u>		Max. hours to be worked per week during school year: Weekly max: <u>9 hrs</u>					
Max. hours to be worked per day during non-school year: Monday - Sunday <u>0</u>		Max. hours to be worked per week during non-school year: Weekly max: <u>0</u>					
Earliest start time during school year Monday-Sunday am/pm: <u>4:00</u>		Latest quit time during school year Sun-Thursday am/pm: <u>9:00</u> Friday - Saturday am/pm: <u>9:00</u>					
Earliest start time during non-school year Monday-Sunday am/pm: <u>0</u>		Latest quit time during non-school year Monday-Sunday am/pm: <u>0</u>					

The minor will have the following job duties:

Working in team store during hockey games, cashier + helper

Name of firm: Top Shelf Entertainment Inc - TCA Telephone number: 509.736.0606

Location address of minor's workplace:
City: 7000 W. Grandridge Blvd Kennecook State: WA ZIP: 99336

UBI number for this business location:

9 Digit UBI Number for business location <u>602 527 832</u>	3-Digit business ID <u>1</u>	4-Digit Location ID <u>09 31 2013</u>	Expiration date of minor work permit endorsement: Month <u>09</u> Day <u>31</u> Year <u>2013</u>	
Date: <u>09/25/12</u>	Title: <u>General Manager</u>	Signature of EMPLOYER or REPRESENTATIVE: <u>[Signature]</u>		

PARENTAL AUTHORIZATION

(These sections to be completed by the minor's parent or legal guardian and school after employer completes top portion.)

I CONSENT TO ALLOW THE MINOR LISTED TO BE EMPLOYED AT THE OCCUPATION AND UNDER THE CONDITIONS STATED ABOVE.

Date: 09/17/2012 Telephone Number: 509.628-6013 Signature of PARENT or LEGAL GUARDIAN: [Signature]

Address of parent or legal guardian: 1606 South Vancouver Street

City: Kennecook State: WA ZIP: 99337

Note: The school may limit the hours of work for a student according to how the student will be affected by working too many hours, e.g., homework, attendance, etc. and may reduce and approve fewer hours than the rules allow or requested by the employer or parent.

SCHOOL AUTHORIZATION (when school is in session)

THE STATED HOURS OF EMPLOYMENT MEET THE REQUIREMENTS OF SCHOOL ATTENDANCE REGULATIONS AND ARE HEREBY APPROVED:

Date: 9/27/2012 Telephone Number: 509.727.2022 Title: Principal Signature of SCHOOL AUTHORITY: [Signature]

720-932-000 parentschool authorization 05-2006

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WA
USA

WASHINGTON

IDENTIFICATION CARD

4d LIC#
Merkulov
1996
As Iss 11-14-2012
Exp 11-14-2017
ADULT

Merkulov

1. MERKULOV
2. OMA VERONICA
3. 1000 1/2 AVENUE ST
4. MERKULOV WA 98119-3433
5. 1000 1/2 AVENUE ST
6. MERKULOV WA 98119-3433

team store help idina mertioy

Employee:	Date:	Start Time:	End Time:	Total:
Sarah	9/20/13	12:30 pm	1:45 pm	1.25 hr
Sarah	9/20/13	9 pm	10 pm	1 hr
Sarah	9/21/13	12:30 pm	4:45 pm	4.25 hr
Sarah	9/21/13	6 pm	9:15 pm	3.25 hr
Sarah	9/22/13	2 pm	7 pm	5 hr
Sarah	9/23/13	2 pm	3 pm	1 hr
Sarah	9/17/13	12:30 pm	5:15 pm	4.75 hr
Sarah	9/18/13	6:30	7:15 pm	1.25 hr x 21 hr
Dina	9/21/13	6 pm	9 pm	3 hr x
Dina	9/22/13	3 pm	7 pm	4 hr x
Katie	9/21/13	7:15	9 pm	1.75 x

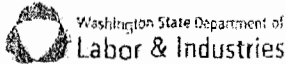
Team Store help Dina Merkulov

Employee:	Date:	Start Time:	End Time:	Total:
David	10/18/13	9pm	9pm	3hr ✓
Mary	10/18/13	9pm	9pm	3hr ✓
David	10/19/13	9pm	9pm	3hr ✓
Dina	10/19/13	9pm	9pm	3hr ✓
Mary	10/22/13	9pm	9pm	3hr ✓
David	10/24/13	9pm	9pm	3hr ✓
Mary	10/25/13	9pm	9pm	3hr ✓
David	10/26/13	9pm	9pm	3hr ✓
Dina	10/26/13	9pm	9pm	3hr ✓

team store help Dina merkulov

Employee:	Date:	Start Time:	End Time:	Total:
Mary	11/19/13	6pm	9pm	3hr x
David	11/22/13	6pm	9pm	3hr x
Mary	11/22/13	6pm	9pm	3hr x
David	11/29/13	6pm	9pm	3hr x
Mary	11/29/13	6pm	9pm	3hr x
David	11/30/13	6pm	9pm	3hr x sid
Katie	11/30/13	6pm	9pm	3hr x sid
Dina	11/30/13	6pm	9pm	3hr
Mary	11/30/13	6pm	9pm	3hr

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Washington State Department of Labor & Industries
Employment Standards Program
PO Box 44510
Olympia WA 98504-4510
Phone (866) 215-7321 FAX (360) 902-5300

PARENT/SCHOOL AUTHORIZATION

For parents or legal guardians and school officials to indicate approval for a minor employee to work according to the terms listed by the employer and within the limits of the child labor regulations.

Email: teensafety@lni.wa.gov or Web page: www.TeenWorkers.Lni.wa.gov

This is not a Minor Work Permit

Employers must have a minor work permit endorsement on their Business License for each work location with employees under age 18 and renew it each year.

See <http://bls.dor.wa.gov/minorworkpermit.aspx>

Do not mail this form to L&I. This form is to be kept on file by the employer at the minor's workplace and be available for department audit. A copy should also be maintained by the minor's school representative. Additionally, the employer must renew this parent/school authorization by September 30, of each year or when work schedule changes

Employee (Minor's) Information

Name of Employee (Minor) <u>Connor Bray</u>	Minor's Date of Birth (Must be accompanied by proof) [REDACTED]	Month	Day	Year <u>1997</u>
Employee (Minor's) Address <u>1822 Highland Drive</u>	City <u>Prosser</u>	State <u>WA</u>	Zip <u>99350</u>	

Employee (Minor's) School Information

Name of Employee (Minor's) School (if home schooled, please note) <u>Prosser High School</u>	Phone Number (include area code) <u>509-736-1224</u>
School's Address <u>1205 Prosser Avenue</u>	City <u>Prosser</u>
	State <u>WA</u>
	Zip <u>99350</u>

Employer Information

Employer Business Name <u>Top Shelf Ent Inc</u>	Phone Number <u>5097360606</u>	9-Digit UBI for Business Location <u>602-527-932</u>	Expiration Date of Minor Work Permit <u>08/31/2014</u>
Address of Minor's Work Location <u>7000 W. Grandridge Blvd</u>	City <u>Kennecott</u>	State <u>WA</u>	Zip <u>99336</u>

Wage per hour: <u>\$ 9.19</u>	Number of days per week: School week: <u>2</u> Non-School week: <u>0</u>	List Job Duties: <u>concierge selling tickets</u>	Is minor employed at any other job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If answered as "yes", how many hours per week
----------------------------------	--	--	--

Maximum number of work hours during School year

Maximum hours to be worked Per Day:
Monday - Thursday <u>2.5 hrs</u>
Friday - Sunday <u>2.5 hrs</u>
School/parent may adjust limits as needed:
Maximum hours to be worked Per Week:
Weekly maximum: <u>5 hrs</u>
School/parent may adjust limit as needed:

Start and Quit time during School year

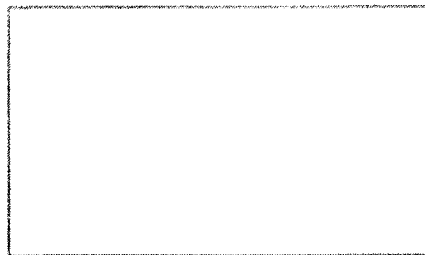
Earliest start time:	Circle One
Monday - Thursday <u>5:30</u>	AM <input checked="" type="radio"/> PM
Friday - Saturday <u>5:30</u>	AM <input checked="" type="radio"/> PM
Latest quit time	Circle One
Sunday - Thursday <u>8:30</u>	AM <input checked="" type="radio"/> PM
Friday - Saturday <u>8:30</u>	AM <input checked="" type="radio"/> PM
School/parent may adjust quit time as needed:	

Maximum number of work hours during Non-School year

Maximum hours to be worked Per Day:
Monday - Sunday <u>0</u>
Parent may adjust limits as needed:
Maximum hours to be worked Per Week:
Weekly maximum: <u>0</u>
Parent may adjust limit as needed:

Start and Quit time during Non-School year

Earliest start time:	Circle One
Monday - Sunday <u>0</u>	AM <input checked="" type="radio"/> PM
Latest quit time	Circle One
Monday - Sunday <u>0</u>	AM <input checked="" type="radio"/> PM
Parent may adjust quit time as needed:	



Concierge Connor Bray & Kaylee McClure

Employee:	Date:	Start Time:	End Time:	Total:
Kaylee McClure	9/14/13	4:00 pm	7:05 pm	3 hours
Katie M	9/14/13	4:00 pm	7:05 pm	3
Connor Bray	9/14/13	4:00 pm	7:05 pm	3 hours
Robin	9/17/13	10¹⁵	1⁰⁰	
" "	" "	1¹⁵	5⁰⁰	
Robin	09-18-13	9³⁰	1⁰⁰	3 1/2 hrs
Robin	09-18-13	2⁰⁰	5⁰⁰	3 hrs
Robin	09-19-13	1⁰⁰	5⁰⁰	4 HRS (52 MILES)
Kaylee McClure	9/21/13	5:15	8:17	3 HRS
Katie	9/21/13	5:15	7:15	2 * 1 put office chairs on SIBRC Street
Katie	9/22/13	3:30	0:00	2.5 3d
Connor Bray	10/01/13	5:00	8:00	3 hrs
Kaylee McClure	10/11/13	5:30	8:00	2.5 hrs
Katie Matrauser	10/10/13	5:30	8:00	2.5
Kaylee McClure	10/19/13	5:30	8:07	2.62 hrs
Connor Bray	10/22/13	5:30	7:58	2.5 hrs
Katie Matrauser	10/25/13	5:30	8:00	2.5

Blacked out names not minors

Concierge Connor Bray + Kaylee McClure

Employee:	Date:	Start Time:	End Time:	Total:
Kaylee McClure	10/26/13	5:30	8:00	2.5
Kaylee McClure	11/9/13	5:30	8:07	2.62
Katie Mulhausen	11/10/13	5:30	8:15	2.75
Connor Bray	11/19/13	5:30	8:05	2.5
Katie Mulhausen	11/22/13	5:30	8:00	2.5
Katie Mulhausen	11/29/13	5:30	8:00	2.5
Kaylee McClure	11/30/13	5:30	8:15	2.75
Katie Mulhausen	11/30/13	5:30	8:00	2.5
Blacked out name is not a minor				

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EXHIBIT E

(Spokane Chiefs MWP
Information)

Spokane Chiefs Hockey Club

List of Game Day Employees under 18 years of age:

- Ethan Gering
- Alec Griffiths
- Alyssa Forsyth
- Sarah Wier
- Kayla Rott
- Emily Johnson
- Katie Collins
- Graham Gustafson

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STATE OF WASHINGTON

BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 601 241 522

Business ID #: 1

Location: 1

Expires: 04-30-2014

HAT TRICK, INC.
SPOKANE CHIEFS HOCKEY
700 W MALLON AVE
SPOKANE WA 99201 2134

TAX REGISTRATION
INDUSTRIAL INSURANCE
MINOR WORK PERMIT

UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS:
SPOKANE GENERAL BUSINESS #T12002150BUS

DUTIES OF MINORS:
Ushers, merchandise sales, program distribution, promotions
assistance_**No power tools/machinery or driving**

LICENSING RESTRICTIONS:
Minors working above ground level must be at least 16 years of age.
WAC 296-125-033 (5) (b)
Court permission and a variance from L&I is required to hire minors
under the age of 14 in non-agriculture jobs. Call 360-902-5316 or
email teensafety@lni.wa.gov for information.

REGISTERED TRADE NAMES:
SPOKANE CHIEFS HOCKEY

This document lists the registrations, enforcements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

Spokane Chiefs Hockey Club

TIMECARD REPORT

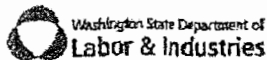
SORTED BY EMPLOYEE NUMBER/EARNINGS CODE

DATE WORKED	LABOR DP CODE	PUNCH IN/OUT TIMES	EXCEPTION CODE	ST LOC	WORK COMP	USER P J ID	HOURS WORKED	AMOUNT PAID
30-FORALY 01 Regular	Forysth	Alyssa						
09/28/13	80	05:13 PM 09:46 PM		WA	0085706	P N CTC	4.50	41.36
10/19/13	80	05:27 PM 06:01 PM		WA	0085706	P N DS	2.38	23.71
10/26/13	80	05:29 PM 09:46 PM		WA	0085706	P N CTC	4.25	39.06
11/02/13	80	05:28 PM 09:25 PM		WA	0085706	P N CTC	3.92	36.02
11/16/13	80	05:32 PM 09:56 PM		WA	0085706	P N CTC	4.42	40.62
12/06/13	80	05:29 PM 09:37 PM		WA	0085706	P N CTC	4.08	37.50
12/14/13	80	05:25 PM 10:03 PM		WA	0085706	P N CTC	4.66	42.83
12/28/13	80	05:27 PM 09:40 PM		WA	0085706	P N CTC	4.25	39.06
01/04/14	80	05:28 PM 09:34 PM		WA	0085706	P N CTC	4.08	38.03
01/24/14	80	05:27 PM 09:27 PM		WA	0085706	P N CTC	4.00	37.28
01/25/14	80	05:38 PM 10:12 PM		WA	0085706	P N CTC	4.57	43.32

11 ENTRIES FOR EARNINGS CODE 01:	45.41	418.99
11 ENTRIES FOR EMPLOYEE 30-FORALY TOTAL:	45.41	418.99
DEPARTMENT 80 EARNINGS CODE 01:	45.41	418.99
DEPARTMENT 80 TOTAL:	45.41	418.99
11 ENTRIES FOR REPORT TOTAL:	45.41	418.99

Jan 13 14 07:37a

p.3



Washington State Department of Labor & Industries
Employment Standards Program
PO Box 44510
Olympia WA 98504-4510
Phone (888) 219-7321 FAX (360) 902-5300

PARENT/SCHOOL AUTHORIZATION

For parents or legal guardians and school officials to indicate approval for a minor employee to work according to the terms listed by the employer and within the limits of the child labor regulations.

Email: teensafety@lni.wa.gov or Web page: www.TeenWorkers.lni.wa.gov

This is not a Minor Work Permit

Employers must have a minor work permit endorsement on their Business License for each work location with employees under age 18 and renew it each year.

See <http://bls.dor.wa.gov/minorworkpermit.aspx>

Do not mail this form to L&I. This form is to be kept on file by the employer at the minor's workplace and be available for department audit. A copy should also be maintained by the minor's school representative. Additionally, the employer must renew this parent/school authorization by September 30, of each year or when work schedule changes.

Employee (Minor's) Information

Name of Employee (Minor) Alyssa Forsyth	Minor's Date of Birth (Must be accompanied by proof)	Day	Year 1997
Employee (Minor's) Address 2913 W. Payton Lane	City Spokane	State WA	Zip 99218

Employee (Minor's) School Information

Name of Employee (Minor's) School (If home schooled, please note) Saint George's School	Phone Number (include area code) (509) 464-8765		
School's Address 2929 W. Wakiki Road	City Spokane	State WA	Zip 99208

Employer Information

Employer Business Name Spokane Chiefs	Phone Number (509) 328-0450	9-Digit UBI for Business Location 601 241 522	Expiration Date of Minor Work Permit 4/30/2014
Address of Minor's Work Location 700 W. Mallon	City Spokane	State WA	Zip 99201

Wage per hour: \$ min wage	Number of days per week: School week: varies Non-School week: varies	List Job Duties: Section Leader (Usher)	Is minor employed at any other job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If answered as 'yes', how many hours per week
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Maximum number of work hours during School year

Maximum hours to be worked Per Day:

Monday - Thursday 4

Friday - Sunday 8

School/parent may adjust limits as needed:

Maximum hours to be worked Per Week:

Weekly maximum: 20

School/parent may adjust limit as needed:

Start and Quit time during School year

Earliest start time: Circle One

Monday - Thursday 4:00PM AM PM

Friday - Saturday 3:00PM AM PM

Latest quit time Circle One

Sunday - Thursday 10:00PM AM PM

Friday - Saturday 11:00PM AM PM

School/parent may adjust quit time as needed:

Maximum number of work hours during Non-School year

Maximum hours to be worked Per Day:

Monday - Sunday 8

Parent may adjust limits as needed:

Maximum hours to be worked Per Week:

Weekly maximum: 48

Parent may adjust limit as needed:

Start and Quit time during Non-School year

Earliest start time: Circle One

Monday - Sunday 3:00PM AM PM

Latest quit time Circle One

Monday - Sunday 11:00PM AM PM

Parent may adjust quit time as needed:

F700-002-000 Parent School Authorization 09-2013

Employer Signature

Date 1/7/2014	Title CFO	Employer Representative Signature <i>Greg Sloan</i>	Print Name Greg Sloan
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Employee (Minor's) Signature

Date 1/10/14	Employee (Minor) Signature <i>Alysa Forsyth</i>	Print Name Alysa Forsyth
-----------------	--	-----------------------------

Parental Authorization

(These sections to be completed by the minor's parent or guardian and school after employer completes top portion.)

I consent to allow the minor listed to be employed at the occupation and under the conditions stated above.

Date 1/10/14	Phone Number 360-467-7128	Parent or Guardian Signature <i>Laura Forsyth</i>	Print Name Laura Forsyth
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School Authorization (when school is in session)

The stated hours of employment meet the requirements of school attendance regulations and are hereby approved.

Date 1-11-14	Phone Number 4661636	Title senior Master	School Authority Signature <i>John Nord</i>	Print Name John Nord
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NOTE: Parents and school representatives should not sign this form unless the boxes for the daily and weekly work schedule are completely filled out to reflect the anticipated maximum hours of work. The school or parent may limit the hours of work for a student according to how the student will be affected by working too many hours, e.g., homework, attendance, etc. and may reduce and approve fewer hours than the rules allow or are requested by the employer.

Optional School Week Special Variance Authorization
(Non-Agricultural Employment Only)
For 16- and 17-year-old Minors

A Special Variance allows a 16- or 17-year-old minor to work up to 28 hours per week with 6-hour shifts during the school week with approval of the authorized school official and the parent. All parties must agree to these additional hours. (pursuant to WAC 296-126-070(3)).

School officials should not sign for any additional hours allowed by the Special Variance if a review of the student's progress indicates the additional work hours will be detrimental to the minor's educational activities.

Please check if planning to use the Special Variance for additional school-week work hours.

Yes No

_____ Parental Authorization _____ School Authorization

Parents: To get a copy of the prohibited duties and other child labor provisions, contact L&I by phone or email listed on the front of this form or via the internet at www.TeenWorkers.Lni.wa.gov.

Padres: Si tiene preguntas o necesita información en español sobre este formulario u otros requisitos para los trabajadores adolescentes, por favor vaya a www.Lni.wa.gov/Spanish/WorkplaceRights/TeenWorkers o llame al 1-866-219-7321.

For translation help in any other language, please call 1-866-219-7321 and press 0.

Comments by School Representative or Parent:

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WASHINGTON
 EXCHANGE SYSTEM MEMBER LICENSE

4 LIC# [REDACTED]
 FORSYTH
 1887

Member # 8543-2813
 Exp. Date 12/31/2018

FORSYTH
 ALYSSA ELIZABETH
 1 2813 WAYTON LN
 SPOKANE WA 99215-4739

8 Sex F 16 1691 5402
 7 Vigi 188 44 Eyes MAZ
 1 Class 44 END NONE
 3 Restrictions NONE

Alyssa Forsyth

XGE 1648
 2015

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Sookane Chiefs Hockey Club

TIMECARD REPORT

SORTED BY EMPLOYEE NUMBER/EARNINGS CODE

DATE WORKED	LABOR DP CODE	PUNCH IN/OUT TIMES	EXCEPTION CODE	ST LOC	WORK. COMP	USER P J ID	HOURS WORKED	AMOUNT PAID
80-GRIALE	Gullfiba	Alec						
01 Repair								
09/28/13	80	05:15 PM	09:17 PM	WA	0006706	P N CTC	4.00	36.76
10/18/13	80	05:30 PM	09:05 PM	WA	0006706	P N CTC	3.58	32.90
10/26/13	80	05:30 PM	09:45 PM	WA	0006706	P N CTC	4.25	39.06
11/02/13	80	05:29 PM	09:41 PM	WA	0006706	P N CTC	4.17	38.32
11/16/13	80	05:29 PM	08:59 PM	WA	0006706	P N CTC	3.50	32.17
11/23/13	80	05:30 PM	09:50 PM	WA	0006706	P N CTC	4.53	39.79
12/14/13	80	05:30 PM	10:01 PM	WA	0006706	P N CTC	4.50	41.36
12/28/13	80	05:29 PM	09:42 PM	WA	0006706	P N CTC	4.17	38.32
01/03/14	80	05:29 PM	08:49 PM	WA	0006706	P N CTC	3.33	31.04
01/24/14	80	05:28 PM	08:54 PM	WA	0006706	P N CTC	3.42	31.87
01/24/14	80	05:29 PM	09:25 PM	WA	0006706	P N CTC	3.92	36.53

11 ENTRIES FOR EARNINGS CODE 01:	43.17	398.12
11 ENTRIES FOR EMPLOYEE 80-GRIALE TOTAL:	43.17	398.12
DEPARTMENT 80 EARNINGS CODE 01:	43.17	398.12
DEPARTMENT 80 TOTAL:	43.17	398.12
11 ENTRIES FOR REPORT TOTAL:	43.17	398.12

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 Washington State Department of
Labor & Industries
 Employment Standards Program
 PG Box 44510
 Olympia WA 98504-4510
 Phone (866) 219-7321 FAX (360) 902-5300

PARENT/SCHOOL AUTHORIZATION

For parents or legal guardians and school officials to indicate approval for a minor employee to work according to the terms listed by the employer and within the limits of the child labor regulations.

Email: teenw@lmi.wa.gov or Web page: www.TeenWorkers.Lmi.wa.gov

This is not a Minor Work Permit

Employers must have a minor work permit endorsement on their Business License for each work location with employees under age 18 and renew it each year.

See <http://bls.dor.wa.gov/minorworkpermit.aspx>

Do not mail this form to L&I. This form is to be kept on file by the employer at the minor's workplace and be available for department audit. A copy should also be maintained by the minor's school representative. Additionally, the employer must renew this parent/school authorization by September 30, of each year or when work schedule changes.

Employee (Minor's) Information

Name of Employee (Minor) Alec Griffiths	Minor's Date of Birth (Must be accompanied by proof)	Month	Day	Year 1996
Employee (Minor's) Address 914 W. 20th Avenue	City Spokane	State WA	Zip 99203	

Employee (Minor's) School Information

Name of Employee (Minor's) School (If home schooled, please note) Lewis & Clark High School	Phone Number (include area code) (509) 354-7000		
School's Address 521 W. 4th Avenue	City Spokane	State WA	Zip 99204

Employer Information

Employer Business Name Spokane Chiefs	Phone Number (509) 328-0450	9-Digit UBI for Business Location 601 241 522	Expiration Date of Minor Work Permit 4/30/2014
Address of Minor's Work Location 700 W. Mallon	City Spokane	State WA	Zip 99201

Wage per hour \$ min wage	Number of days per week School week: varies Non-School week: varies	List Job Duties: Section Leader (Usher)	Is minor employed at any other job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If answered as "yes", how many hours per week
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Maximum number of work hours during **School year**

Maximum hours to be worked Per Day:	
Monday - Thursday	4
Friday - Sunday	8
School/parent may adjust limits as needed:	
Maximum hours to be worked Per Week:	
Weekly maximum:	20
School/parent may adjust limit as needed:	

Start and Quit time during **School year**

Earliest start time:	Circle One
Monday - Thursday	4:00PM AM PM
Friday - Saturday	3:00PM AM PM
Latest quit time	Circle One
Sunday - Thursday	10:00PM AM PM
Friday - Saturday	11:00PM AM PM
School/parent may adjust quit time as needed:	

Maximum number of work hours during **Non-School year**

Maximum hours to be worked Per Day:	
Monday - Sunday	8
Parent may adjust limits as needed:	
Maximum hours to be worked Per Week:	
Weekly maximum:	48
Parent may adjust limit as needed:	

Start and Quit time during **Non-School year**

Earliest start time:	Circle One
Monday - Sunday	3:00PM AM PM
Latest quit time	Circle One
Monday - Sunday	11:00PM AM PM
Parent may adjust quit time as needed:	

1730-002-000 Parent School Authorization 08-2013

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Employer Signature

Date 1/7/2014	Title CFO	Employer Representative Signature <i>Greg Sloan</i>	Print Name Greg Sloan
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Employee (Minor's) Signature

Date 2/12/14	Employee (Minor) Signature <i>Hee Griffiths</i>	Print Name Hee Griffiths
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Parental Authorization

(These sections to be completed by the minor's parent or guardian and school after employer completes top portion.)

I consent to allow the minor listed to be employed at the occupation and under the conditions stated above.

Date 1-12-2014	Phone Number 509-999-6077	Parent or Guardian Signature <i>Tom Griffiths</i>	Print Name Tom Griffiths
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School Authorization (when school is in session)

The stated hours of employment meet the requirements of school attendance regulations and are hereby approved.

Date 1-14-14	Phone Number 364-7000	Title Asst Principal	School Authority Signature <i>Dan Close</i>	Print Name Dan Close
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NOTE: Parents and school representatives should not sign this form unless the boxes for the daily and weekly work schedule are completely filled out to reflect the anticipated maximum hours of work. The school or parent may limit the hours of work for a student according to how the student will be affected by working too many hours, e.g., homework, attendance, etc. and may reduce and approve fewer hours than the rules allow or are requested by the employer.

Optional School Week Special Variance Authorization
(Non-Agricultural Employment Only)
For 16- and 17-year-old minors

A Special Variance allows a 16- or 17-year-old minor to work up to 2 1/2 hours per week with school and during the school week with approval of the authorized school official and the parent. All parties must agree to these additional hours (pursuant to WAC 296-129-070(3)).

School officials should not sign for any additional hours allowed by the Special Variance if a review of the student's progress indicates the additional work hours will be detrimental to the minor's educational activities.

Please check if planning to use the Special Variance for additional school-week work hours.

Yes No

_____ Parental Authorization _____ School Authorization

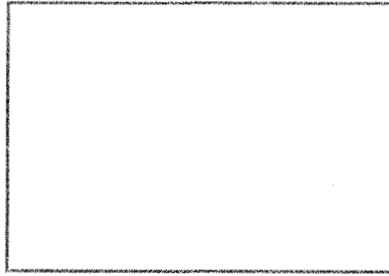
Parents: To get a copy of the prohibited duties and other child labor provisions, contact L&I by phone or email listed on the front of this form or via the internet at www.TeenWorkers.Lni.wa.gov.

Padres: Si tiene preguntas o necesita información en español sobre este formulario u otros requisitos para los trabajadores adolescentes, por favor vaya a www.Lni.wa.gov/Spanish/WorkplaceRights/TeenWorkers o llame al 1-866-219-7321.

For translation help in any other language, please call 1-866-219-7321 and press 0.

Comments by School Representative or Parent:

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GRIFFITHS
 ALEC TAYLOR
 HAWKINS
 POWERS
 ...
 ...
 ...

173

Spokane Chiefs Hockey Club

TIMECARD REPORT

SORTED BY EMPLOYEE NUMBER/EARNINGS CODE

DATE WORKED	LABOR DP CODE	MUNCH IN/OUT TIMES	EXCEPTION CODE	ST LOC	WORK. COMP	USER P J ID	HOURS WORKED	AMOUNT PAID
80-GERETH	Gereth	Ethan						
01 Regular								
09/23/13	80	05:14 PM 09:50 PM		WA	0006706	P N CTC	4.58	42.09
10/19/13	80	05:28 PM 09:11 PM		WA	0006706	P N CTC	3.67	33.73
10/26/13	80	05:30 PM 08:57 PM		WA	0006706	P N CTC	3.42	31.43
11/02/13	80	05:28 PM 08:55 PM		WA	0006706	P N CTC	3.42	31.43
11/03/13	80	05:29 PM 09:01 PM		WA	0006706	P N CTC	3.50	32.17
11/23/13	80	05:28 PM 09:31 PM		WA	0006706	P N CTC	4.00	36.76
11/29/13	80	05:25 PM 08:48 PM		WA	0006706	P N CTC	3.58	32.90
12/11/13	80	05:25 PM 08:51 PM		WA	0006706	P N CTC	3.41	31.34
12/14/13	80	05:30 PM 09:33 PM		WA	0006706	P N CTC	4.42	40.62
12/08/13	80	05:27 PM 09:40 PM		WA	0006706	P N CTC	4.25	39.06
01/04/14	80	05:25 PM 08:57 PM		WA	0006706	P N CTC	3.50	32.62
01/23/14	80	05:28 PM 09:18 PM		WA	0006706	P N CTC	3.83	35.70
02/12/14	80	05:25 PM 08:32 PM		WA	0006706	P N CTC	3.41	31.78
13 ENTRIES FOR EARNINGS CODE 01:							48.99	451.63
13 ENTRIES FOR EMPLOYEE 80-GERETH TOTAL:							48.99	451.63
DEPARTMENT 80 EARNINGS CODE 01:							48.99	451.63
DEPARTMENT 80 TOTAL:							48.99	451.63
13 ENTRIES FOR REPORT TOTAL:							48.99	451.63

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Washington State Department of Labor & Industries
 Employment Standards Program
 PO Box 44510
 Olympia WA 98504-4510
 Phone (866) 219-7321 FAX (360) 902-5300

PARENT/SCHOOL AUTHORIZATION

For parents or legal guardians and school officials to indicate approval for a minor employee to work according to the terms listed by the employer and within the limits of the child labor regulations.

Email: l2safety@Lni.wa.gov or Web page: www.TeenWorkers.Lni.wa.gov

This is not a Minor Work Permit

Employers must have a minor work permit endorsement on their Business License for each work location with employees under age 18 and renew it each year.

See <http://bls.dor.wa.gov/minorworkperm8.aspx>

Do not mail this form to L&I. This form is to be kept on file by the employer at the minor's workplace and be available for department audit. A copy should also be maintained by the minor's school representative. Additionally, the employer must renew this parent/school authorization by September 30, of each year or when work schedule changes.

Employee (Minor's) Information

Name of Employee (Minor) Ethan Gering	Minor's Date of Birth (Must be accompanied by proof)	Month	Day	Year 1997
Employee (Minor's) Address 15206 E. 26th Avenue	City Spokane Valley	State WA	Zip 99037	

Employee (Minor's) School Information

Name of Employee (Minor's) School (if home schooled, please note) Central Valley High School	Phone Number (include area code) (509) 228-5100
School's Address 821 S. Sullivan Road	City Spokane Valley
	State WA
	Zip 99037

Employer Information

Employer Business Name Spokane Chiefs	Phone Number (509) 328-0450	9-Digit UBI for Business Location 601 241 522	Expiration Date of Minor Work Permit 4/30/2014
Address of Minor's Work Location 700 W. Mallon		City Spokane	State WA
		Zip 99201	

Wage per hour: \$ min wage	Number of days per week: School week: <u>varies</u> Non-School week: <u>varies</u>	List Job Duties: Section Leader (Usher)	Is minor employed at any other job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If answered as 'yes', how many hours per week
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Maximum number of work hours during School year

Maximum hours to be worked Per Day:

Monday - Thursday 4

Friday - Sunday 8

School/parent may adjust limits as needed:

Maximum hours to be worked Per Week:

Weekly maximum: 20

School/parent may adjust limit as needed:

Start and Quit time during School year

Earliest start time: Circle One

Monday - Thursday 4:00PM AM PM

Friday - Saturday 3:00PM AM PM

Latest quit time: Circle One

Sunday - Thursday 10:00PM AM PM

Friday - Saturday 11:00PM AM PM

School/parent may adjust quit time as needed:

Maximum number of work hours during Non-School year

Maximum hours to be worked Per Day:

Monday - Sunday 8

Parent may adjust limits as needed:

Maximum hours to be worked Per Week:

Weekly maximum: 48

Parent may adjust limit as needed:

Start and Quit time during Non-School year

Earliest start time: Circle One

Monday - Sunday 3:00PM AM PM

Latest quit time: Circle One

Monday - Sunday 11:00PM AM PM

Parent may adjust quit time as needed:

F700-002-000 Parent School Authorization 08-2013

Employer Signature

Date 1/7/2014	Title CFO	Employer Representative Signature <i>Greg Sloan</i>	Print Name Greg Sloan
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Employee (Minor's) Signature

Date 1/4/13	Employee (Minor) Signature <i>Ethan Geis</i>	Print Name Ethan Geis
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Parental Authorization

(These sections to be completed by the minor's parent or guardian and school after employer completes top portion.)

I consent to allow the minor listed to be employed at the occupation and under the conditions stated above.

Date 1/14/14	Phone Number 429-893-3518	Parent or Guardian Signature <i>Jim M. Geis</i>	Print Name Jim M. Geis
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School Authorization (when school is in session)

The stated hours of employment meet the requirements of school attendance regulations and are hereby approved.

Date 1/15/14	Phone Number 509-228-5104	Title Principal	School Authority Signature <i>Leslie Chalich</i>	Print Name Leslie Chalich
-----------------	------------------------------	--------------------	---	------------------------------

NOTE: Parents and school representatives should not sign this form unless the boxes for the daily and weekly work schedule are completely filled out to reflect the anticipated maximum hours of work. The school or parent may limit the hours of work for a student according to how the student will be affected by working too many hours, e.g., homework, attendance, etc. and may reduce and approve fewer hours than the rules allow or are requested by the employer.

Optional School Week Special Variance Authorization

(Non-Agricultural Employment Only)
For 16- and 17-year-old Minors

A Special Variance allows a 16- or 17-year-old minor to work up to 28 hours per week with 8-hour shifts during the school week with approval of the authorized school official and the parent. All parties must agree to these additional hours, (pursuant to WAC 296-125-070(3)).

School officials should not sign for any additional hours allowed by the Special Variance if a review of the student's progress indicates the additional work hours will be detrimental to the minor's educational activities.

Please check if planning to use the Special Variance for additional school-week work hours.

Yes No

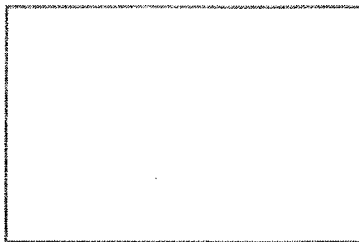
Jim M. Geis Parental Authorization *Leslie Chalich* School Authorization

Parents: To get a copy of the prohibited duties and other child labor provisions, contact L&I by phone or email listed on the front of this form or via the internet at www.TeenWorkers.Lni.wa.gov.

Padres: Si tiene preguntas o necesita información en español sobre este formulario u otros requisitos para los trabajadores adolescentes, por favor vaya a www.Lni.wa.gov/Spanish/WorkplaceRights/TeenWorkers o llame al 1-866-219-7321.

For translation help in any other language, please call 1-866-219-7321 and press 0.

Comments by School Representative or Parent:



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Spokane Chiefs Hockey Club

TIMECARD REPORT

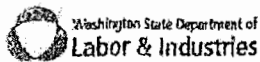
SORTED BY EMPLOYEE NUMBER/EARNINGS CODE

DATE WORKED	LABOR DP CODE	PUNCH IN/OUT TIMES	EXCEPTION CODE	ST LOC	WORK COMP	P J ID	USER ID	HOURS WORKED	AMOUNT PAID
85-JOHEM1	Johnson	Emily							
01 Regular									
10/18/13	86	05:00 PM 09:36 PM		WA	0006706	P	N DS	4.58	42.09
10/18/13	86	05:28 PM 09:10 PM		WA	0006706	P	N CTC	3.67	33.73
10/19/13	86	03:25 PM 02:10 PM		WA	0006706	P	N CTC	5.75	52.84
10/25/13	86	05:30 PM 09:11 PM		WA	0006706	P	N DS	3.68	33.82
10/26/13	86	05:37 PM 09:06 PM		WA	0006706	P	N CTC	3.50	32.17
11/02/13	86	05:27 PM 10:15 PM		WA	0006706	P	N DS	4.83	44.30
11/16/13	86	05:28 PM 09:05 PM		WA	0006706	P	N CTC	3.58	32.90
11/20/13	86	05:26 PM 09:10 PM		WA	0006706	P	N CTC	3.75	34.46
12/01/13	86	03:29 PM 08:01 PM		WA	0006706	P	N CTC	4.50	41.36
12/04/13	86	05:28 PM 10:00 PM		WA	0006706	P	N CTC	4.50	41.56
12/06/13	86	05:28 PM 09:32 PM		WA	0006706	P	N CTC	4.00	36.76
12/14/13	86	05:27 PM 09:42 PM		WA	0006706	P	N CTC	4.25	39.06
01/03/14	86	05:27 PM 09:30 PM		WA	0006706	P	N CTC	4.08	38.03
01/14/14	86	05:41 PM 09:07 PM		WA	0006706	P	N CTC	3.41	31.28
02/12/14	86	05:26 PM 09:11 PM		WA	0006706	N	N CTC	3.75	34.95
15 ENTRIES FOR EARNINGS CODE 01:								61.83	569.70
15 ENTRIES FOR EMPLOYEE 86-JOHEM1 TOTAL:								61.83	569.70
DEPARTMENT 86 EARNINGS CODE 01:								61.83	569.70
DEPARTMENT 86 TOTAL:								61.83	569.70
15 ENTRIES FOR REPORT TOTAL:								61.83	569.70

System Date: 02/13/2014 / 9:21 am
Activation Date: 02/13/2014

Page: 1
User: GS / esloan

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Washington State Department of
Labor & Industries
Employment Standards Program
PO Box 44510
Olympia WA 98504-4510
Phone (866) 218-7321 FAX (360) 902-5300

PARENT/SCHOOL AUTHORIZATION

For parents or legal guardians and school officials to indicate approval for a minor employee to work according to the terms listed by the employer and within the limits of the child labor regulations.

Email: teensafety@lil.wa.gov or Web page: www.TeenWorkers.Lil.wa.gov

This is not a Minor Work Permit

Employers must have a minor work permit endorsement on their Business License for each work location with employees under age 18 and renew it each year.

See <http://bls.dor.wa.gov/minorworkpermit.aspx>

Do not mail this form to L&I. This form is to be kept on file by the employer at the minor's workplace and be available for department audit. A copy should also be maintained by the minor's school representative. Additionally, the employer must renew this parent/school authorization by September 30, of each year or when work schedule changes.

Employee (Minor's) Information

Name of Employee (Minor) Emily Johnson	Minor's Date of Birth (Must be accompanied by proof)	Month	Day	Year 1996
Employee (Minor's) Address 2770 W SR2	City Reardan	State WA	Zip 99029	

Employee (Minor's) School Information

Name of Employee (Minor's) School (if home schooled, please note) Reardan High School	Phone Number (include area code) (509) 796-2701		
School's Address 245 S. Aspen Street	City Reardan	State WA	Zip 99029

Employer Information

Employer Business Name Spokane Chiefs	Phone Number (509) 328-0450	9-Digit UBI for Business Location 601 241 522	Expiration Date of Minor Work Permit 4/30/2014
Address of Minor's Work Location 700 W. Mallon	City Spokane	State WA	Zip 99201

Wage per hour: \$ min wage	Number of days per week: School week: varies Non-School week: varies	List Job Duties: Team Store Cashier	Is minor employed at any other job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If answered as 'yes', how many hours per week
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Maximum number of work hours during **School year**

Maximum hours to be worked Per Day:
Monday - Thursday 6
Friday - Sunday 8

School/parent may adjust limits as needed:
Maximum hours to be worked Per Week:
Weekly maximum: 28

School/parent may adjust limit as needed:

Start and Quit time during **School year**

Earliest start time: Circle One
Monday - Thursday 4:00PM AM PM
Friday - Saturday 3:00PM AM PM

Latest quit time: Circle One
Sunday - Thursday 10:00PM AM PM
Friday - Saturday 11:00PM AM PM

School/parent may adjust quit time as needed:

Maximum number of work hours during **Non-School year**

Maximum hours to be worked Per Day:
Monday - Sunday 8

Parent may adjust limits as needed:
Maximum hours to be worked Per Week:
Weekly maximum: 48

Parent may adjust limit as needed:

Start and Quit time during **Non-School year**

Earliest start time: Circle One
Monday - Sunday 3:00PM AM PM

Latest quit time: Circle One
Monday - Sunday 11:00PM AM PM

Parent may adjust quit time as needed:

F700-002-000 Parent School Authorization 08-2013

Employer Signature

Date 1/7/2014	Title CFO	Employer Representative Signature <i>Greg Sloan</i>	Print Name Greg Sloan
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Employee (Minor's) Signature

Date 1/10/14	Employee (Minor) Signature <i>Emily Johnson</i>	Print Name Emily JOHNSON
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Parental Authorization

(These sections to be completed by the minor's parent or guardian and school after employer completes top portion.)

I consent to allow the minor listed to be employed at the occupation and under the conditions stated above.

Date 1-11-13	Phone Number 490-7252	Parent or Guardian Signature <i>[Signature]</i>	Print Name James C JOHNSON
-----------------	--------------------------	--	-------------------------------

School Authorization (when school is in session)

The stated hours of employment meet the requirements of school attendance regulations and are hereby approved.

Date 1/10/14	Phone Number 796-2701	Title Athletic Director	School Authority Signature <i>Eric J. Nikkala</i>	Print Name Eric J. Nikkala
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NOTE: Parents and school representatives should not sign this form unless the boxes for the daily and weekly work schedule are completely filled out to reflect the anticipated maximum hours of work. The school or parent may limit the hours of work for a student according to how the student will be affected by working too many hours, e.g., homework, attendance, etc. and may reduce and approve fewer hours than the rules allow or are requested by the employer.

Optional School Week Special Variance Authorization
(Non-Agricultural Employment Only)
For 16- and 17-year-old Minors

A Special Variance allows a 16- or 17-year-old minor to work up to 28 hours per week with 6-hour shifts during the school week with approval of the authorized school official and the parent. All parties must agree to these additional hours. (pursuant to WAC 296-125-070(9))

School officials should not sign for any additional hours allowed by the Special Variance if a review of the student's progress indicates the additional work hours will be detrimental to the minor's educational activities.

Please check if planning to use the Special Variance for additional school-week work hours.

Yes No

Parental Authorization: *[Signature]*
School Authorization: *Eric J. Nikkala*

Parents: To get a copy of the prohibited duties and other child labor provisions, contact L&I by phone or email listed on the front of this form or via the internet at www.TeenWorkers.Lni.wa.gov.

Padres: Si tiene preguntas o necesita información en español sobre este formulario u otros requisitos para los trabajadores adolescentes, por favor vaya a www.Lni.wa.gov/Spanish/WorkplaceRights/TeenWorkers o llame al 1-866-219-7321.

For translation help in any other language, please call 1-866-219-7321 and press 0.

Comments by School Representative or Parent:

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Greg Sloan

From: Tim Speltz
Sent: Tuesday, January 14, 2014 11:16 PM
To: Greg Sloan
Subject: Fw: Hours

-----Original Message-----

From: Graham Gustafson
To: Tim Speltz
Subject: Hours
Sent: Jan 14, 2014 10:41 PM

Tim,
My hours for the end of December and the first half of January are the following...

Dec 28th Kootenay (7 hours)
Dec 31 Tri-City (Road trip) (5 hours) - Didn't count travel time just while we were at the rink.
Jan 3 Victoria (7.5 hours)
Jan 4 Everett (7.5 hours)
Jan 10 Kamloops (7 hours)
Jan 14 Seattle (7 hours)

Total: 41 hours

Thanks,
Graham

Sent from my Verizon Wireless BlackBerry

Greg Sloan

From: Tim Speltz
Sent: Monday, December 16, 2013 9:10 AM
To: Greg Sloan
Subject: FW: Graham Gustafson Hours

-----Original Message-----

From: Graham Gustafson (<mailto:grahamgus@comcast.net>)
Sent: Sunday, December 15, 2013 12:41 PM
To: Tim Speltz
Subject: Hours

Tim,

December Hours

11/29 Portland 7.75
12/1 Seattle 6
12/4 Saskatoon 7.25
12/6 Seattle 7.75
12/11 Everett 7
12/14 Prince George 7.75

Total: 43.5 Hours

-Graham Gustafson

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Greg Sloan

From: Tim Speltz
Sent: Tuesday, November 26, 2013 3:10 PM
To: Greg Sloan
Subject: FW: Graham Gustafson Hours

Greg,

Below are Graham's hours. When will the checks be ready? I expect he is working on Friday so we could have Tim L give it to him then if they are ready.

Tim

-----Original Message-----

From: Graham Gustafson [<mailto:grahamgus@comcast.net>]
Sent: Tuesday, November 26, 2013 3:04 PM
To: Tim Speltz
Subject: Hours

Tim,

November hours

Saturday Nov. 2nd Por: (8 hours)
Friday Nov. 15th PG: (7.75)
Saturday Nov. 16th Reg: (7.75)
Wednesday Nov. 20th Van: (7.25)
Saturday Nov. 23rd: (7.5)

Total: 38.25 hours

-Graham Gustafson

Greg Sloan

From: Tim Speltz
Sent: Monday, October 28, 2013 7:04 AM
To: Greg Sloan
Cc: Mark Miles
Subject: FW: Hours

Greg,

Below are Grahams hours for the last 2 weeks of October.

Tim

-----Original Message-----

From: Graham Gustafson [<mailto:grahamgus@comcast.net>]
Sent: Sunday, October 27, 2013 12:51 PM
To: Tim Speltz
Subject: Hours

Tim,

My hours for the last two weeks are the following:

- Swift Current game 10/16 (7.25 hours)
- Everett game 10/18 (7 hours)
- Victoria game 10/19 (7.25 hours)
- Brandon game 10/25 (7.5 hours)
- Portland game 10/26 (8 hours)

Total= 37 hours

Thanks,

-Graham

Greg Sloan

From: Tim Speltz
Sent: Wednesday, October 09, 2013 7:45 PM
To: Greg Sloan
Subject: Fw: Hours

Greg,

Following are Graham's hours to Oct 15. Thanks.

Tim

-----Original Message-----

From: Graham Gustafson
To: Tim Speltz
Subject: Hours
Sent: Oct 9, 2013 7:31 PM

Hi Tim,

My recent hours,

Game at Eastern (3pm-10:30pm) 7.5 hours

Training at the Arena (6:15pm-8:45pm) 2.5 hours October 8th game against Kelowna Rockets (3pm-10:15pm) 7.25 hours

Thanks,

-Graham Gustafson

Sent from my Verizon Wireless BlackBerry

Greg Sloan

From: Tim Speltz
Sent: Tuesday, August 27, 2013 7:19 AM
To: Greg Sloan
Cc: Mark Miles; Tim Lindblade
Subject: Graham Gustafson

Greg,

Graham Gustafson is taking over the Dressing Room Assistant position that Matthew Nelson had last year. Graham worked 39.25 hours during Camp. We will need to do a check for him.

Please advise as to any information you require from Graham and I will get it for you.

Thanks Greg.

Tim

From: Graham Gustafson (<mailto:grahamgus@comcast.net>)
Sent: Monday, August 26, 2013 7:24 PM
To: Tim Speltz
Subject: Re:

Hi Tim, just writing to say that I had a unbelievable time at camp and am very excited for this year with the Chiefs! I feel like everything went very smoothly and Tim Lindblade is a great boss. All the guys, coaches, scouts, and trainers were great as well. One quick question is how do I record my hours? I kept track of them, and I do not expect to be paid for the days where I just come in and help out a little like today because my duty is just camp and now game days. For camp my hours were
Thursday the 22nd from 7:30am-6:00pm (10.5 hours)
Friday the 23rd from 9:30am-7:30pm (10 hours)
Saturday the 24th from 9:30am-8:00pm (10.5 hours)
Sunday the 25th from 11:00am-7:15pm (8.25 hours)
Thanks Tim,
-Graham Gustafson

On Aug 19, 2013, at 7:32 AM, Tim Speltz <tspeltz@spokanechiefs.com> wrote:

Graham,

Attached is the 2013 Fall Camp Itinerary.

Thursday is the long day as we have practices that day. I'd like you to be here at 7:30 am on Thursday and that will give us time to review what we need to before the 8:00 practice. We can determine the start times for Friday, Saturday and Sunday later on Thursday.

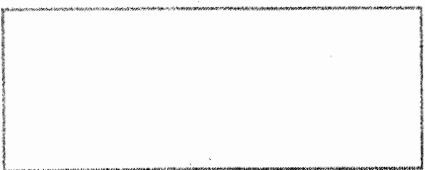
Dress for games will be kakis and a team golf shirt or track jacket but for camp presentable shorts will be fine. I will have a chiefs shirt and track jacket for you.

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Thanks Graham, welcome to the team, I'm looking forward to working with you.

Tim Speltz
General Manager
Spokane Chiefs
509) 340-8383 office
509) 990-1488 cell

<2013 FALL CAMP ITINERARY - Master with Games highlighted.doc>



Washington State Department of
Labor & Industries
 Employment Standards Program
 PO Box 44510
 Olympia, WA 98504-4510
 Phone (866) 219-7321
 FAX (360) 902-5300

PARENT/SCHOOL AUTHORIZATION
 For parents or legal guardians and school officials to indicate approval for
 a minor employee to work according to the terms listed by the employer.

Email: teenafety@Lni.wa.gov OR web page: www.TeenWorkers.Lni.wa.gov

THIS IS NOT A MINOR WORK PERMIT

Employers must have a minor work permit endorsement on their Master Business License for each work location with employees under age 18 and renew it each year.
 See www.DoL.wa.gov/forms/700028.html

This form is to be kept on file by the employer at the minor's workplace and be available for departmental audit.
 Additionally, the employer must renew this parent/school authorization by September 30 of each year or when work schedule changes.

Name of minor: <u>Graham M. Gustafson</u>			Name of minor's school: (If home schooled, please note) <u>Mead High School</u>		
Minor's address: <u>3332 W. Horizon</u>			School's address: <u>302 W Hastings Rd</u>		
City <u>Spokane</u>	State <u>WA</u>	ZIP <u>99208</u>	City <u>Spokane</u>	State <u>WA</u>	ZIP <u>99218</u>
Minor's Birth Date (Must be accompanied by proof)		Month <u>[redacted]</u>	Day <u>[redacted]</u>	Year <u>1996</u>	

Wage per hour to be paid: <u>\$9.19</u>	Number of working days per week: School week: <u>3</u> Non-School week: <u>3</u>	Is minor employed at any other job? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If answered as "yes", list total hours worked per week at other job: <u>5</u>
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Maximum number of work hours during SCHOOL year*

Max. hours to be worked PER DAY:	<u>4</u>
Monday - Thursday:	<u>3</u>
Friday - Sunday:	<u>3</u>
school/parent may adjust limit as needed	
Max. hours to be worked PER WEEK:	<u>20</u>
Weekly max: <u>20</u> school/parent may adjust limit as needed	

Maximum number of work hours during NON-SCHOOL year

Max. hours to be worked PER DAY:	<u>8</u>
Monday - Thursday:	<u>8</u>
Friday - Sunday:	<u>3</u>
parent may adjust limit as needed	
Max. hours to be worked PER WEEK:	<u>48</u>
Weekly max: <u>48</u> parent may adjust limit as needed	

*See Section below on the Special Variance

Start and Quit time during SCHOOL year

Earliest start time	
Monday-Sunday	am-pm: <u>3pm</u>
Friday - Saturday	am-pm: <u>7am</u>
Latest quit time	
Sun-Thursday	am-pm: <u>11pm</u>
Friday - Saturday	am-pm: <u>12pm</u>
school/parent may adjust quit time as needed	

Start and Quit time during NON-SCHOOL year

Earliest start time	
Monday-Sunday	am-pm: <u>7am</u>
Friday - Saturday	am-pm: <u>7am</u>
Latest quit time	
Sun-Thursday	am-pm: <u>12pm</u>
Friday - Saturday	am-pm: <u>12pm</u>
parent may adjust quit time as needed	

JOB DUTIES FOR MINOR EMPLOYEE:

Assistant Equipment Manager

Name of BUSINESS: <u>Spokane Chiefs</u>	Telephone number: <u>509-274-7000</u>	9-Digit LBI & 3-Digit Number for business location:
Address of minor's work location: <u>710 W Mallon Ave</u>	City: <u>Spokane</u>	State: <u>WA</u> ZIP+4: <u>99201</u>

Expiration date of minor work permit endorsement:

F700-C02-000 parent/school authorization 10-2010

EMPLOYER SIGNATURE

Date 9/16/2013	Telephone Number (509) 328-0450	Title CFO	Signature of EMPLOYER REPRESENTATIVE/ Print Name <i>Greg Sloan</i> Greg Sloan
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EMPLOYEE SIGNATURE

Date 9/16/13	Telephone Number 509 998 7533	Signature of EMPLOYEE/ Print Name <i>Mustafaru</i> Mustafaru / Graham Gustafson
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PARENTAL AUTHORIZATION

(These sections to be completed by the minor's parent or guardian and school after employer completes top portion.)

I CONSENT TO ALLOW THE MINOR LISTED TO BE EMPLOYED AT THE OCCUPATION AND UNDER THE CONDITIONS STATED ABOVE

Date 9/16/13	Telephone Number 509 294 1291	Signature of PARENT or GUARDIAN/ Print Name <i>Summe Gust</i>
-----------------	----------------------------------	--

SCHOOL AUTHORIZATION (when school is in session)

THE STATED HOURS OF EMPLOYMENT MEET THE REQUIREMENTS OF SCHOOL ATTENDANCE REGULATIONS AND ARE HEREBY APPROVED

Date 9-17-13	Telephone Number 465-7027	Title Counselor	Signature of SCHOOL AUTHORITY/ Print Name <i>Deit Dreyer</i>
-----------------	------------------------------	--------------------	---

NOTE: Parents and school representatives should not sign this form unless the boxes for the daily and weekly work schedule are completely filled out to reflect the anticipated maximum hours of work. The school or parent may limit the hours of work for a student according to how the student will be affected by working too many hours, e.g., homework, attendance, etc. and may reduce and approve fewer hours than the rules allow or are requested by the employer.

Optional School Week Special Variance Authorization (Non-agricultural Employment Only) For 16- and 17-year-old Minors

A Special Variance allows a 16- or 17-year-old minor to work up to 28 hours per week with 6-hour shifts during the school week with approval of the authorized school official and the parent. All parties must agree to these additional hours, [pursuant to WAC 296-125-070(3)].

School officials should not sign for any additional hours allowed by the Special Variance if a review of the student's progress indicates the additional work hours will be detrimental to the minor's educational activities.

Please check if planning to use the Special Variance for additional school-week work hours

Yes No

Summe Gust
Parental Authorization

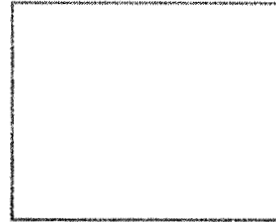
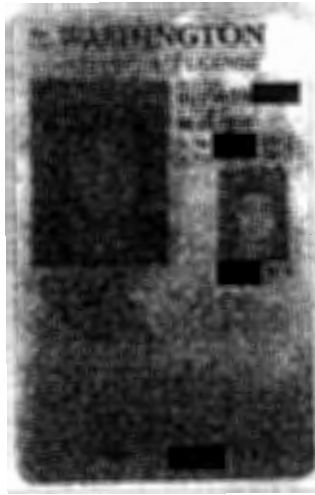
Deit Dreyer
School Authorization

PARENTS: To get a copy of the prohibited duties and other child labor provisions, contact L&I by phone or email listed on the front of this form or via the internet at www.TeenWorkers.Lni.wa.gov.

PADRES: Si tiene preguntas o necesita información en español sobre este formulario u otros requisitos para los trabajadores adolescentes, por favor vaya a www.Lni.wa.gov/Spanish/WorkplaceRights/TeenWorkers o llame al 1-866-219-7321.

For translation help in any other language, please call 1-866-219-7321 and press 0.

Comments by School Representative or Parent:



199

Spokane Chiefs Hockey Club

TIMECARD REPORT

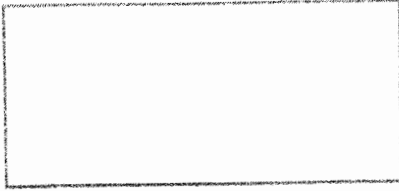
SORTED BY EMPLOYEE NUMBER/EARNINGS CODE

DATE WORKED	LABOR DP CODE	PUNCH IN/OUT TIMES	EXCEPTION CODE	ST LOC	WORK. COMP	USER P I ID	HOURS WORKED	AMOUNT PAID
86-COLKAT	Collins	Katie						
01 Regular								
09/28/13	86	05:00 PM 10:10 PM		WA	0006706	P N DS	5.17	47.51
10/08/13	86	05:15 PM 10:00 PM		WA	0006706	P N DS	4.75	43.65
10/14/13	86	04:54 PM 09:36 PM		WA	0006706	P N CTC	4.66	42.83
10/19/13	86	03:25 PM 09:03 PM		WA	0006706	P N DS	5.66	52.92
10/26/13	86	05:31 PM 10:20 PM		WA	0006706	P N DS	4.83	44.39
11/02/13	86	04:27 PM 10:13 PM		WA	0006706	P N DS	4.83	44.39
11/16/13	86	05:30 PM 09:24 PM		WA	0006706	P N DS	3.92	36.02
11/20/13	86	05:26 PM 09:10 PM		WA	0006706	P N CTC	3.75	34.46
11/29/13	86	05:29 PM 09:59 PM		WA	0006706	P N NAY	4.50	41.35
12/01/13	86	03:29 PM 08:01 PM		WA	0006706	P N CTC	4.50	41.36
12/06/13	86	05:28 PM 09:32 PM		WA	0006706	P N CTC	4.00	36.76
12/11/13	86	05:28 PM 09:51 PM		WA	0006706	P N CTC	4.41	40.53
12/20/13	86	05:29 PM 10:10 PM		WA	0006706	P N DS	4.67	42.92
01/04/14	86	05:28 PM 10:10 PM		WA	0006706	P N DS	4.67	43.52
01/10/14	86	05:26 PM 09:55 PM		WA	0006706	P N CTC	4.34	40.45
01/25/14	86	05:17 PM 09:31 PM		WA	0006706	P N CTC	4.25	39.61
16 ENTRIES FOR EARNINGS CODE 01:							72.91	671.78
16 ENTRIES FOR EMPLOYEE 86-COLKAT TOTAL:							72.91	671.78
DEPARTMENT 86 EARNINGS CODE 01:							72.91	671.78
DEPARTMENT 86 TOTAL:							72.91	671.78
16 ENTRIES FOR REPORT TOTAL:							72.91	671.78

System Date: 02/13/2014 / 9:37 am
Application Date: 02/13/2014

Page: 1
User: GS / rsohn

200



Washington State Department of
Labor & Industries
 Employment Standards Program
 P.O. Box 44510
 Olympia WA 98504-4510
 Phone (360) 219-7321 FAX (360) 902-5300

PARENT/SCHOOL AUTHORIZATION

For parents or legal guardians and school officials to indicate approval for a minor employee to work according to the terms listed by the employer and within the limits of the child labor regulations.

Email: jeansafety@lni.wa.gov or Web page: www.TeenWorkers.Lni.wa.gov

This is not a Minor Work Permit

Employers must have a minor work permit endorsement on their Business License for each work location with employees under age 18 and renew it each year.

See <http://bls.dor.wa.gov/minorworkpermit.aspx>

Do not mail this form to L&I. This form is to be kept on file by the employer at the minor's workplace and be available for department audit. A copy should also be maintained by the minor's school representative. Additionally, the employer must renew this parent/school authorization by September 30, of each year or when work schedule changes.

Employee (Minor's) Information

Name of Employee (Minor) Katie Collins	Minor's Date of Birth (Must be accompanied by proof)	Month	Day	Year 1996
Employee (Minor's) Address 48082 E. Hall Avenue	City Edwall	State WA	Zip 99008	

Employee (Minor's) School Information

Name of Employee (Minor's) School (if home schooled, please note) Reardan High School	Phone Number (include area code) (509) 796-2701		
School's Address 245 S. Aspen Street	City Reardan	State WA	Zip 99029

Employer Information

Employer Business Name Spokane Chiefs	Phone Number (509) 328-0450	9-Digit UBI for Business Location 601 241 522	Expiration Date of Minor Work Permit 4/30/2014
Address of Minor's Work Location 700 W. Mallon	City Spokane	State WA	Zip 99201

Wage per hour: \$ min wage	Number of days per week: School week: <u>varies</u> Non-School week: <u>varies</u>	List Job Duties: Team Store Cashier	Is minor employed at any other job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If answered as "yes", how many hours per week
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Maximum number of work hours during School year

Maximum hours to be worked Per Day:	
Monday - Thursday	<u>6</u>
Friday - Sunday	<u>8</u>
School/parent may adjust limits as needed:	
Maximum hours to be worked Per Week:	
Weekly maximum:	<u>28</u>
School/parent may adjust limit as needed:	

Start and Quit time during School year

Earliest start time:	Circle One
Monday - Thursday	<u>4:00PM</u> AM PM
Friday - Saturday	<u>3:00PM</u> AM PM
Latest quit time	Circle One
Sunday - Thursday	<u>10:00PM</u> AM PM
Friday - Saturday	<u>11:00PM</u> AM PM
School/parent may adjust quit time as needed:	

Maximum number of work hours during Non-School year

Maximum hours to be worked Per Day:	
Monday - Sunday	<u>8</u>
Parent may adjust limits as needed:	
Maximum hours to be worked Per Week:	
Weekly maximum:	<u>48</u>
Parent may adjust limit as needed:	

Start and Quit time during Non-School year

Earliest start time:	Circle One
Monday - Sunday	<u>3:00PM</u> AM PM
Latest quit time	Circle One
Monday - Sunday	<u>11:00PM</u> AM PM
Parent may adjust quit time as needed:	

F700-032-000 Parent School Authorization 08-2013

Employer Signature

Date 1/7/2014	Title CFO	Employer Representative Signature <i>Greg Sloan</i>	Print Name Greg Sloan
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Employee (Minor's) Signature

Date 1/9/14	Employee (Minor) Signature <i>Katie Collins</i>	Print Name Katie Collins
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Parental Authorization

(These sections to be completed by the minor's parent or guardian and school after employer completes top portion.)

I consent to allow the minor listed to be employed at the occupation and under the conditions stated above.

Date 1/9/14	Phone Number 509-236-0111	Parent or Guardian Signature <i>Keith Collins</i>	Print Name Keith Collins
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School Authorization (when school is in session)

The stated hours of employment meet the requirements of school attendance regulations and are hereby approved.

Date 1/10/14	Phone Number 509-716-2701	Title Counselor	School Authority Signature <i>Matthew Bellan</i>	Print Name Matthew Bellan
-----------------	------------------------------	--------------------	---	------------------------------

NOTE: Parents and school representatives should not sign this form unless the boxes for the daily and weekly work schedule are completely filled out to reflect the anticipated maximum hours of work. The school or parent may limit the hours of work for a student according to how the student will be affected by working too many hours, e.g., homework, attendance, etc. and may reduce and approve fewer hours than the rules allow or are requested by the employer.

Optional School Week Special Variance Authorization
(Non-Agricultural Employment Only)
For 16- and 17-year-old Minors

A Special Variance allows a 16- or 17-year-old minor to work up to 28 hours per week with 8-hour shifts during the school week with approval of the authorized school official and the parent. All parties must agree to these additional hours, [pursuant to WAC 295-125-070(3)].

School officials should not sign for any additional hours allowed by the Special Variance if a review of the student's progress indicates the additional work hours will be detrimental to the minor's educational activities.

Please check if planning to use the Special Variance for additional school-week work hours.

Yes No

Keith Collins
Parental Authorization

Matthew Bellan
School Authorization

Parents: To get a copy of the prohibited duties and other child labor provisions, contact L&I by phone or email listed on the front of this form or via the internet at www.TeenWorkers.Lni.wa.gov.

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For translation help in any other language, please call 1-866-219-7321 and press 0.

Comments by School Representative or Parent:

[Empty box for comments]



Spokane Chiefs Hockey Club

TIMECARD REPORT

SORTED BY EMPLOYEE NUMBER/EARNINGS CODE

DATE WORKED	LABOR DP CODE	PUNCH IN/OUT TIMES	EXCEPTION CODE	ST LOC	WORK. COMP	USER P J ID	HOURS WORKED	AMOUNT PAID
86-ROTKAY	Reg	Kayla						
09/28/13	86	05:30 PM 10:20 PM		WA	0006705	P N DS	5.33	48.98
10/08/13	86	05:28 PM 10:00 PM		WA	0006705	P N DS	4.50	41.36
10/15/13	86	05:27 PM 10:05 PM		WA	0006705	P N DS	4.66	42.83
10/19/13	86	05:27 PM 10:11 PM		WA	0006705	P N CTC	4.75	43.65
10/26/13	86	05:27 PM 10:20 PM		WA	0006705	P N DS	4.83	44.39
11/02/13	86	05:28 PM 10:15 PM		WA	0006705	P N DS	4.75	43.65
11/13/13	86	05:28 PM 10:10 PM		WA	0006705	P N DS	4.59	42.18
11/16/13	86	05:27 PM 08:03 PM		WA	0006705	P N CTC	2.66	24.45
11/20/13	86	05:26 PM 10:07 PM		WA	0006705	P N CTC	4.66	42.83
11/23/13	86	05:29 PM 10:22 PM		WA	0006705	P N DS	4.83	44.39
11/29/13	86	05:27 PM 09:59 PM		WA	0006705	P N NAY	4.58	42.09
12/01/13	86	03:28 PM 07:15 PM		WA	0006705	P N DS	3.75	34.46
12/04/13	86	05:28 PM 10:00 PM		WA	0006705	P N CTC	4.50	41.36
12/14/13	86	05:27 PM 10:23 PM		WA	0006705	P N DS	5.00	45.95
01/04/14	86	05:28 PM 10:10 PM		WA	0006705	P N DS	4.67	43.52
01/23/14	86	05:17 PM 11:01 PM		WA	0006705	P N NAY	5.75	53.59
02/05/14	86	05:26 PM 09:44 PM		WA	0006705	P N CTC	4.33	40.36

17 ENTRIES FOR EARNINGS CODE 01: 78.14 720.04

17 ENTRIES FOR EMPLOYEE 86-ROTKAY TOTAL: 78.14 720.04

DEPARTMENT 86 EARNINGS CODE 01: 78.14 720.04

DEPARTMENT 86 TOTAL: 78.14 720.04

17 ENTRIES FOR REPORT TOTAL: 78.14 720.04



Washington State Department of
Labor & Industries
 Employment Standards Program
 PO Box 44510
 Olympia WA 98504-4510
 Phone (866) 219-7321 FAX (360) 902-5300

PARENT/SCHOOL AUTHORIZATION

For parents or legal guardians and school officials to indicate approval for a minor employee to work according to the terms listed by the employer and within the limits of the child labor regulations.

Email: transafety@lni.wa.gov or Web page: www.TeenWorkers.Lni.wa.gov

This Is not a Minor Work Permit

Employers must have a minor work permit endorsement on their Business License for each work location with employees under age 18 and renew it each year.

See <http://bls.dor.wa.gov/minorworkpermit.aspx>

Do not mail this form to L&I. This form is to be kept on file by the employer at the minor's workplace and be available for department audit. A copy should also be maintained by the minor's school representative. Additionally, the employer must renew this parent/school authorization by September 30, of each year or when work schedule changes.

Employee (Minor's) Information

Name of Employee (Minor) Kayla Rott	Minor's Date of Birth (Must be accompanied by proof)	Month	Day	Year
Employee (Minor's) Address 6510 Long Lake Drive	City Nine Mile Falls	State WA	Zip 99026	

Employee (Minor's) School Information

Name of Employee (Minor's) School (if home schooled, please note) Lakeside High School	Phone Number (include area code) (509) 340-4212		
School's Address 5909 Highway 291	City Lakeside	State WA	Zip 99026

Employer Information

Employer Business Name Spokane Chiefs	Phone Number (509) 328-0450	9-Digit UBI for Business Location 601 241 522	Expiration Date of Minor Work Permit 4/30/2014
Address of Minor's Work Location 700 W. Mallon	City Spokane	State WA	Zip 99201

Wage per hour: \$ min wage	Number of days per week: School week: varies Non-School week: varies	List Job Duties: Team Store Cashier	Is minor employed at any other job? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If answered as "yes", how many hours per week varies
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Maximum number of work hours during School year

Maximum hours to be worked Per Day:

Monday - Thursday 6

Friday - Sunday 8

School/parent may adjust limits as needed:

Maximum hours to be worked Per Week:

Weekly maximum: 28

School/parent may adjust limit as needed:

Start and Quit time during School year

Earliest start time: Circle One

Monday - Thursday 4:00PM AM PM (PM)

Friday - Saturday 3:00PM AM PM (PM)

Latest quit time: Circle One

Sunday - Thursday 10:00PM AM PM (PM)

Friday - Saturday 11:00PM AM PM (PM)

School/parent may adjust quit time as needed:

Maximum number of work hours during Non-School year

Maximum hours to be worked Per Day:

Monday - Sunday 8

Parent may adjust limits as needed:

Maximum hours to be worked Per Week:

Weekly maximum: 48

Parent may adjust limit as needed:

Start and Quit time during Non-School year

Earliest start time: Circle One

Monday - Sunday 3:00PM AM PM (PM)

Latest quit time: Circle One

Monday - Sunday 11:00PM AM PM (PM)

Parent may adjust quit time as needed:

F709-002-000 Parent School Authorization 08-2013

Employer Signature

Date	Title	Employer Representative Signature	Print Name
1/7/2014	CFO	<i>Greg Sloan</i>	Greg Sloan

Employee (Minor's) Signature

Date	Employee (Minor) Signature	Print Name
1-13-14	<i>Kayla Rott</i>	Kayla Rott

Parental Authorization
(These sections to be completed by the minor's parent or guardian and school after employer completes top portion.)

I consent to allow the minor listed to be employed at the occupation and under the conditions stated above.

Date	Phone Number	Parent or Guardian Signature	Print Name
1-12-14	541980082	<i>Tricia Duncan</i>	Tricia Duncan

School Authorization (when school is in session)
 The stated hours of employment meet the requirements of school attendance regulations and are hereby approved.

Date	Phone Number	Title	School Authority Signature	Print Name
1-13-14	340 4212	Counselor	<i>Linda Mitchell</i>	Linda Mitchell

NOTE: Parents and school representatives should not sign this form unless the boxes for the daily and weekly work schedule are completely filled out to reflect the anticipated maximum hours of work. The school or parent may limit the hours of work for a student according to how the student will be affected by working too many hours, e.g., homework, attendance, etc. and may reduce and approve fewer hours than the rules allow or are requested by the employer.

Optional School Week Special Variance Authorization
 (Non-Agricultural Employment Only)
 For 16- and 17-year-old minors

A Special Variance allows a 16- or 17-year-old minor to work up to 28 hours per week, which may include hours outside school week, with approval of the authorized school official and the parent. All minors must be at least 16 hours of school attendance (WAC 295-125-070(9)).

School officials should not sign for any additional hours if, weekly, the special variance is in violation of the student's progress, indicates the additional work hours will be detrimental to the minor's educational activities.

Please check if planning to use the Special Variance for additional school-week work hours.

Yes No

Tricia Duncan Parental Authorization *Linda Mitchell* School Authorization

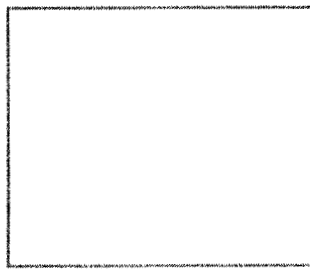
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Padres: Si tiene preguntas o necesita información en español sobre este formulario u otros requisitos para los trabajadores adolescentes, por favor vaya a www.lni.wa.gov/Spanish/WorkplaceRights/TeenWorkers o llame al 1-866-219-7321.

For translation help in any other language, please call 1-866-219-7321 and press 0.

Comments by School Representative or Parent:

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WASHINGTON
EMANCIPATED INTERMEDIATE LICENSE



1 SEX F
 2 **KAYLA ANN**
 3 6518 LONG LAKE DR
 4 WACE SILE FALLS WA 99146-0541
 5 Sex F 10 Hgt 5-06
 11 Wgt 155 18 Eyes HAZ
 9 Class 3a End NONE
 12 Restrictions NONE
 5 DC R077KAB800311248301827

Spokane Chiefs Hockey Club

TIMECARD REPORT

SORTED BY EMPLOYEE NUMBER/EARNINGS CODE

DATE WORKED	LABOR DP CODE	PUNCH IN/OUT TIMES	EXCEPTION CODE	ST LOC	WORK. COMP	USER P J ID	HOURS WORKED	AMOUNT PAID
80-WIESAR	Wier	Sam's						
01 Regular								
09/25/13	80	05:10 PM 09:51 PM		WA	0006706	P N CTC	4.66	42.83
10/18/13	80	05:30 PM 09:32 PM		WA	0006706	P N CTC	4.00	34.76
10/25/13	80	05:26 PM 09:47 PM		WA	0006706	P N CTC	4.33	39.79
11/02/13	83	05:33 PM 08:49 PM		WA	0006706	P N DS	3.25	29.82
11/16/13	80	05:29 PM 09:54 PM		WA	0006706	P N CTC	4.42	40.62
11/23/13	80	05:30 PM 09:48 PM		WA	0006706	P N CTC	4.33	39.79
11/26/13	80	05:25 PM 09:37 PM		WA	0006706	P N CTC	4.16	38.23
12/03/13	80	05:27 PM 09:32 PM		WA	0006706	P N CTC	4.09	37.50
01/04/14	80	05:28 PM 09:37 PM		WA	0006706	P N CTC	4.08	38.03
01/14/14	80	05:26 PM 09:43 PM		WA	0006706	P N CTC	4.33	40.36
01/24/14	80	05:27 PM 09:27 PM		WA	0006706	P N CTC	4.00	37.28
01/25/14	80	05:28 PM 10:13 PM		WA	0006706	P N CTC	4.75	44.27
02/05/14	86	05:28 PM 09:19 PM		WA	0006706	P N DS	3.83	35.70
13 ENTRIES FOR EARNINGS CODE 01:							54.22	501.03
13 ENTRIES FOR EMPLOYEE 80-WIESAR TOTAL:							54.22	501.03
DEPARTMENT 80 EARNINGS CODE 01:							54.22	501.03
DEPARTMENT 80 TOTAL:							54.22	501.03
13 ENTRIES FOR REPORT TOTAL:							54.22	501.03

208



Washington State Department of
Labor & Industries
 Employment Standards Program
 PO Box 44610
 Olympia WA 98504-4510
 Phone (866) 219-7321 FAX (360) 902-5300

PARENT/SCHOOL AUTHORIZATION

For parents or legal guardians and school officials to indicate approval for a minor employee to work according to the terms listed by the employer and within the limits of the child labor regulations.

Email: teensafety@lri.wa.gov or Web page: www.TeenWorkers.Lri.wa.gov

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Employers must have a minor work permit endorsement on their Business License for each work location with employees under age 18 and renew it each year.

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Do not mail this form to L&I. This form is to be kept on file by the employer at the minor's workplace and be available for department audit. A copy should also be maintained by the minor's school representative. Additionally, the employer must renew this parent/school authorization by September 30, of each year or when work schedule changes.

Employee (Minor's) Information

Name of Employee (Minor) Sarah Wier	Minor's Date of Birth (Must be accompanied by proof)	Month	Day	Year 1996
Employee (Minor's) Address 7615 N. Tucannon Street	City Spokane	State WA	Zip 99208	

Employee (Minor's) School Information

Name of Employee (Minor's) School (If home schooled, please note) Lewis & Clark High School	Phone Number (include area code) (509) 354-7000		
School's Address 521 W. 4th Avenue	City Spokane	State WA	Zip 99204

Employer Information

Employer Business Name Spokane Chiefs	Phone Number (509) 328-0450	9-Digit UBI for Business Location 601 241 522	Expiration Date of Minor Work Permit 4/30/2014
Address of Minor's Work Location 700 W. Mallon	City Spokane	State WA	Zip 99201

Wage per hour: \$ min wage	Number of days per week: School week: varies Non-School week: varies	List Job Duties: Section Leader (Usacr)	Is minor employed at any other job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If answered as 'yes', how many hours per week
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Maximum number of work hours during School year

Maximum hours to be worked Per Day:
Monday - Thursday 4
Friday - Sunday 8
School/parent may adjust limits as needed:
Maximum hours to be worked Per Week:
Weekly maximum: 20
School/parent may adjust limit as needed:

Start and Quit time during School year

Earliest start time:	Circle One
Monday - Thursday 4:00PM	AM PM
Friday - Saturday 3:00PM	AM PM
Latest quit time	Circle One
Sunday - Thursday 10:00PM	AM PM
Friday - Saturday 11:00PM	AM PM
School/parent may adjust quit time as needed:	

Maximum number of work hours during Non-School year

Maximum hours to be worked Per Day:
Monday - Sunday 8
Parent may adjust limits as needed:
Maximum hours to be worked Per Week:
Weekly maximum: 48
Parent may adjust limit as needed:

Start and Quit time during Non-School year

Earliest start time:	Circle One
Monday - Sunday 3:00PM	AM PM
Latest quit time	Circle One
Monday - Sunday 11:00PM	AM PM
Parent may adjust quit time as needed:	

F700-02-000 Parent School Authorization 08-2013

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Employer Signature

Date 1/17/2014	Title CFO	Employer Representative Signature <i>Greg Sloan</i>	Print Name Greg Sloan
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Employee (Minor's) Signature

Date 1-13-14	Employee (Minor) Signature <i>Sarah Wier</i>	Print Name Sarah Wier
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Parental Authorization

(These sections to be completed by the minor's parent or guardian and school after employer completes top portion.)

I consent to allow the minor listed to be employed at the occupation and under the conditions stated above.

Date 1-13-14	Phone Number (509) 879-7175	Parent or Guardian Signature <i>Denise Wier</i>	Print Name DENISE WIER
-----------------	--------------------------------	--	---------------------------

School Authorization (when school is in session)

The stated hours of employment meet the requirements of school attendance regulations and are hereby approved.

Date 1/14/14	Phone Number 354-6899	Title Admin - PA	School Authority Signature <i>Tracey Leyde</i>	Print Name Tracey Leyde
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NOTE: Parents and school representatives should not sign this form unless the boxes for the daily and weekly work schedule are completely filled out to reflect the anticipated maximum hours of work. The school or parent may limit the hours of work for a student according to how the student will be affected by working too many hours, e.g., homework, attendance, etc. and may reduce and approve fewer hours than the rules allow or are requested by the employer.

Optional School Week Special Variance Authorization
(Non-Agricultural Employment Only)
For 16- and 17-year-old minors.

A Special Variance allows a 16- or 17-year-old minor to work up to 28 hours per week with 8-hour shifts during the school week with approval of the authorized school official and the parent. All parties must agree to these additional hours. (pursuant to WAC 296-126-070(3))

School officials should not sign for any additional hours allowed by the Special Variance if a review of the student's progress indicates the additional work hours will be detrimental to the minor's educational activities.

Please check if planning to use the Special Variance for additional school-week work hours.

Yes No Denise Wier Parental Authorization *Tracey Leyde* School Authorization

Parents: To get a copy of the prohibited duties and other child labor provisions, contact L&I by phone or email listed on the front of this form or via the internet at www.TeenWorkers.Lni.wa.gov.

Padres: Si tiene preguntas o necesita información en español sobre este formulario u otros requisitos para los trabajadores adolescentes, por favor vaya a www.Lni.wa.gov/Spanish/WorkplaceRights/TeenWorkers o llame al 1-866-219-7321.

For translation help in any other language, please call 1-866-219-7321 and press 0.

Comments by School Representative or Parent:

