



## **Micro Magic Volunteer Sign Up Sheet (2013)**

*Please complete in ink. Every family should be signed up for at least one slot to help fulfill their volunteer hour quota. Please do not let families double up in any one slot (i.e. two team managers).*

*Leave this form with Registrar after team parent meeting scheduled for February 26, 2013 @ 6 pm.*

Team: \_\_\_\_\_ Date: \_\_\_\_\_

Practice Place: \_\_\_\_\_ Days: \_\_\_\_\_ Time: \_\_\_\_\_

### **Coach (REQUIRED)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **Assistant Coach**

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **Team Manager (REQUIRED)**

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Tournament Volunteer (REQUIRED)**

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Tournament AD Volunteer (REQUIRED)**

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Fields & Equipment (#1) (REQUIRED)**

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Fields & Equipment (#2) (REQUIRED)**

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Referee (sideline or center)**

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Field Marshal (REQUIRED)**

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Uniform Assistant (REQUIRED)**

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Volunteer Hours Tracker (REQUIRED)**

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**If you already hold one of the following positions, please fill out. These positions also count towards your volunteer hours:**

**Board or Committee**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_