

Player: _____

Bowie Lacrosse Volunteer Opportunities

Volunteers are essential to the success of the Bowie Lacrosse program. Each player will need to have an Adult responsible to assist with volunteer committee needs. Please indicate below which club events/activities they will assist with for the 2009-2010 season. Please make a minimum of 2 selections and the names of the responsible **Adult** participants next to the elected event.

All players and parents will need to participate and support a Bowie City Limits committee!

_____ Certified Medical Parent _____
_____ Banquet and Awards Program _____
_____ Photography/Videographer _____
_____ Team Garage Sale Committee _____
_____ Hospitality _____

_____ Game Field Spotters _____
_____ Field Prep _____
_____ Game Timers _____
_____ Game Scorekeepers _____
_____ Team Equipment _____

Signature of Parent: _____

Contact information for volunteer:

Phone - _____

E-mail - _____