

Parent Fall Athletic Volunteer Form

Volunteer's Name _____ Child's Name _____

Contact information:

Phone: _____ E-mail: _____

All athletic programs are in need of volunteers. If you have any time what-so-ever where you may be able to help CSLA's athletes and athletic program please let us know asap!

Please check any of the following that might apply to you.

Basketball:

_____ I would be interested in tending to officials at the home games.

_____ I would be interested in keeping the official scorebook at home games.

_____ I would be interested in keeping states at all games.

_____ I would be interested in lending a video camera and/or tripod for the school to use for taping home games.

_____ I would be interested in video taping home games

_____ I would be interested in writing *brief* articles after every game for the Newberg Graphic sports editor.

_____ I would be interested in taking pictures at games.

_____ I would be interested in hosting or helping to host a basketball party during and/or at the end of the season.

_____ I would be interested in running the score clock at home games.

_____ I would be interested in bringing snacks to the games.

_____ Other _____

Your generosity is truly appreciated by the athletes and CSLA staff.