

SSGOA Volunteer Sign Up

Name: _____

Address: _____

Phone: _____ eMail: _____

I would like to volunteer for:

____ A Division Tournament Manager (8:00 am to 6:00 pm)

____ Co-Manager A Division

____ B Division Tournament Manager (8:00 am to 6:00 pm)

____ Co-Manager B Division

____ C Division Tournament Manager (8:00 am to 6:00 pm)

____ Co-Manager C Division

____ Starter A Division (8:00 am – 1:00 pm)

____ Starter B Division (8:00 am – 1:00 pm)

____ Starter C Division (8:00 am – 1:00 pm)

____ Scorer A Division (1:00 pm – 4:00 pm)

____ Scorer B Division (1:00 pm – 4:00 pm)

____ Scorer C Division (1:00 pm – 4:00 pm)

____ Ranger A Division (9:00 am – 1:00 pm)

____ Ranger B Division (9:00 am – 1:00 pm)

____ Ranger C Division (9:00 am – 1:00 pm)

eMail completed form or choices to info@ssgoa.org.