TIMMY GILROY MEMORIAL SUMMER BASKETBALL LEAGUE

St. Barnabas CYO

HIGH SCHOOL/MIDDLE SCHOOL VOLUNTEER FORM

| First name:I | | La | st Name: | | |
|---|---------------|--------|-------------|----------|--------------|
| School: | | | | | |
| Address: | | | _Town: | | Zip: |
| Grade (September 2023): | | | | | |
| Cell phone number: | | | | | |
| Email: | | | | | |
| Shirt size (please circle): | SMALL | MEDIUM | LARGE | XL | XXL |
| What are you interested in doing? (Circle all that apply) | | | | | |
| COACHING | KEEPING SCORE | | CONCESSIONS | | DOOR MONITOR |
| What night can you volunteer? (Circle all that apply) | | | | | |
| MONDAY | TUESDAY | WE | DNESDAY | THURSDAY | FRIDAY |
| We ask that every volunteer commit to at least one night a week for all 6 weeks. The league starts the week of July 5 th . Set up every night starts at 5:00 PM. | | | | | |
| Once completed you can mail your volunteer form to 2191 Rosemont St North Bellmore, NY 11710 or you can email it to us at <u>thetimmyleague@gmail.com</u> | | | | | |

If you have any questions please feel free to call us at 516-804-4766

www.thetimmyleague.org