

VOLUNTEER FORM

**M.A.G.S.A. is a parent run organization and we do need assistance!
We are asking that a parent from each family volunteer for at least one
of the following tasks listed below.**

Name _____

Daughter's Name _____

Daughter's Grade and Age _____

Email address (main contact) _____

Phone number _____

Check at least one of the following:

WORK SPIRIT WEAR TABLE OPENING / CLOSING DAY _____

FIELD PREP PRIOR TO HOME GAMES (8U, 10U, 12U ONLY) _____

WORK CONCESSION STAND FOR 1 GAME _____

PROVIDE FOOD ITEMS FOR OPENING / CLOSING DAY _____