



2012 MICRO

TEAM VOLUNTEERS

Please complete in ink. Every family should be signed up for at least one slot to help fulfill their volunteer hour quota. Please do not let families double up in any one slot (i.e. two team managers). All volunteer positions must be filled by an adult family member; minor siblings are not allowed to fill volunteer positions.

Team: _____ Date: _____

Practice Place: _____ Days: _____ Time: _____

Coach (REQUIRED)

Name: _____

Address: _____ Zip: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

E-Mail: _____

Assistant Coach

Name: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

E-Mail: _____

Team Manager (REQUIRED)

Name: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

E-Mail: _____

Fields & Equipment (#1) (REQUIRED)

Name: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

E-Mail: _____

Fields & Equipment (#2)

Name: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

E-Mail: _____

Referee (sideline or center)

Name: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

E-Mail: _____

Field Marshal (REQUIRED)

Name: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

E-Mail: _____

Volunteer Hours Tracker (REQUIRED)

Name: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

E-Mail: _____

Uniform Assistant (REQUIRED)

Name: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

E-Mail: _____

Tournament Volunteer (REQUIRED)

Name: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

E-Mail: _____

Tournament AD Volunteer (REQUIRED)

Name: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

E-Mail: _____

If you already hold one of the following positions, please fill out. These positions also count towards your volunteer hours:

Board or Committee

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Please return these forms, no later than February 15th:

Mail to: Magic City Soccer Club, P.O. Box 22522, Billings, MT 59104

Drop off at: 2222 Broadwater, Suite 101, (406) 294-9480