



ABC Membership Application

Office Use Only
Dues Paid: \$
Cash/ Chk #:
Discount:
Member Date:

Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	
Adult Shirt Size	XS S M L XL XXL

Donation

\$ ____

Availability

During which hours are you available for volunteer assignments (also indicate season)?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings () | <input type="checkbox"/> Weekend mornings () |
| <input type="checkbox"/> Weekday afternoons () | <input type="checkbox"/> Weekend afternoons () |
| <input type="checkbox"/> Weekday evenings () | <input type="checkbox"/> Weekend evenings () |

Interests

Tell us in which areas you are interested in volunteering

- Administration
- Fundraising
- Equipment
- Uniforms (no advertising)
- Coaching*
- Officiating*
- Score Keeping
- Other volunteer work

Special Skills/Experience

Summarize special skills/experience you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. (You may indicate sport preference)

Thank you for completing this application form and for your interest in supporting St. Joseph School youth sports.