

2019 CONCESSION DUTY TEAM COORDINATOR

THIS FORM MUST BE COMPLETED AND RETURNED BY:

10U – 18U: APRIL 1

6U & 8U: MAY 1

Team

Name: _____

Division (circle one): U6 U8 U10 U12 U14 U16 U18

Coach

Name: _____

Phone #: _____ Text? Yes/No

Alt. Phone #: _____ Text? Yes/No

Email: _____

Team Concession Duty Coordinator

Name: _____

Phone #: _____ Text? Yes/No

Alt. Phone #: _____ Text? Yes/No

Email: _____

Please check one:

Our team would like concession duty:

On a night we DO NOT have a game.

On a night we DO have a game.

We will work any night.

E-mail completed form to:
info@rapidcitygirlsfastpitch.com