



Please Return By
11.11.14th

MEET VOLUNTEER FORM

Team: _____	<i>Name</i>	<i>Phone Number</i>	<i>E-Mail Address</i>
Team Contact:			
Coaches:			
<i>If necessary, add names and contact information on the back of this form</i>			
THANK YOU!.			

RIBBON WRITERS

1st SHIFT (events 1-38)	2nd SHIFT (events 39-76)
<i>Volunteer Name:</i> 1.	<i>Volunteer Name:</i> 2.

ADULT SUPERVISION

1st SHIFT (events 1-38)	2nd SHIFT (events 39-76)
<i>Volunteer Name:</i> 1.	<i>Volunteer Name:</i> 3.
<i>Volunteer Name:</i> 2.	<i>Volunteer Name:</i> 4.

TIMERS

1st SHIFT (events 1-38)	2nd SHIFT (events 39-76)	RELIEF TIMERS (suggest 2, max 4)
<i>Volunteer Name:</i> 1.	<i>Volunteer Name:</i> 4.	<i>Volunteer Name:</i> 1.
<i>Volunteer Name:</i> 2.	<i>Volunteer Name:</i> 5.	<i>Volunteer Name:</i> 2.
<i>Volunteer Name:</i> 3.	<i>Volunteer Name:</i> 6.	<i>Volunteer Name:</i> 3.
<i>There will be a timers meeting for all timers prior to the starts of the meet.</i>		<i>Volunteer Name:</i> 4.

OFFICIALS

Stroke & Turn Officials	
<i>Volunteer Name:</i> 1.	<i>Volunteer Name:</i> 2.
Finish Judge:	<i>Volunteer Name:</i>
Championship Committee Representative:	<i>Volunteer Name:</i>

E-mail Information to: inforequest@seaserpents.org