



BAYSL Volunteer Form

BAYSL is a non-profit, volunteer organization. Each family is asked to pledge at least four (4) hours of volunteer time per player to BAYSL each season. This helps us keep the cost of registration down. By filling out this form, you have elected to volunteer instead of paying the assessed fee (\$32.00). A BAYSL Board member will be in contact with you shortly.

Your help is greatly appreciated!!

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Please check which one you would like to volunteer for:

Coach Team Mom Other

Date: _____

Age Group: U-_____ circle one: ALL GIRLS COED REC

Volunteer's Name (first & last name): _____

Home Phone Number: _____ Alt. Phone Number: _____

E-mail Address: _____

Name of Child (first and last name): _____

Child's Date of Birth (MM/DD/YYYY): _____

If coaching, Past Coaching Experience (years/where): _____

If coaching, please indicate your practice preferences (circle all that apply):

Day(s): Monday/Wednesday Tuesday/Thursday Friday (U5/U6 only)

Time: 6:00 – 7:30 p.m. 7:30 – 9:00 p.m.

Location: Kings West Providence East Providence West

Dover North Brandon Sadie Park

If coaching, Shirt Size (circle one): AS AM AL AXL AXXL AXXXL

If coaching, will you help as Age Group Coordinator? circle one: YES NO

If coaching, you must complete a FYSA Coach/Volunteer Application and a Hillsborough County Volunteer Application. A copy of your driver's license is required.

Hills. County Form _____ Copy of Driver's License _____ FYSA Form _____

Volunteer's Signature _____ Date _____