

Holly Tree Swim Team 2009 Parent Volunteer Registration

Successful swim programs cannot operate without parents taking an active volunteer role.

We require 1 parent from each family to work 1 meet.

We need 1 parent from each family to volunteer under committee needs.

Parents' Names: _____ Phone# _____

Email Address: _____

Swim Meet Volunteer Jobs - see education schedule for certification classes

If more than one parent volunteers at meets, please indicate which parent's prefer which jobs. If you are volunteering as a certified official, please email Mary Margaret - marymargaretgoodlett@charter.net for the SAIL education schedule.

New parents can refer to Swim Meet Officials descriptions on the back for more information.

- | | | |
|-----------------------------------|------------------|---------------------------------|
| _____ Meet Referee** | _____ Computer** | _____ Meet Set Up - home meet |
| _____ Starter** | _____ Ribbons** | _____ Meet Clean Up - home meet |
| _____ Stroke and Turn Judge** | _____ Records** | _____ Tent Parent |
| _____ Timer (32 needed per meet)* | | |
| _____ Chief Timer** | | |
| _____ Clerk of Course** | | |
| _____ Runner** | | |

Do you prefer: 1st half 2nd half Either

** these roles must be SAIL certified

* these roles must be HTCC certified

Committee Needs - Please indicate which committee you would be interested in helping. The Committee Head will be contacting you.

- | | |
|--|---|
| _____ Divisional Week (supplies) | _____ Swim Team Banquet (decorations) |
| _____ Spirit (supplies for poster, banners, pep rallies) | _____ Social (food, drinks, condiments) |
| _____ Guppies (food, meet workers) | _____ Swimmer Socials _____ Adult Socials |
| _____ Publicity / Advertising (team sponsors) | |
| _____ Fundraising | |

General Team Needs:

- _____ Registration (we need 4 people to help)
- _____ SAIL REP (3 for 2010)

Corporate Sponsors - If you would be interested in advertising your company or business please indicate here

Name: _____ Company: _____ Phone: _____

Vacations: Please indicate below the dates (if scheduled) your swimmer will be on vacation this summer. If you have not scheduled your vacation and planned to do so before the swim season starts - please email Mary Ellen as soon as you can the dates your swimmer will be absent.

Family Name: _____ Dates: _____

Spirit Buddy - Indicate here whether or not you would like for your swimmer to be a -

Spirit buddy _____ YES _____ NO Spirit buddy to a guppy swimmer _____ YES _____ NO