

LPAA BASKETBALL

Student volunteer Contact Information Form

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

School: _____ Grade: _____ Graduation Class: _____

Parents/Guardians: _____

Home Phone: _____

Cell Phone: _____

Email: _____

I am interested in volunteering at LPAA in the following capacities:

Assistant Coaching:

Refereeing:

Time Keeper:

Score books:

LPAA will make an effort to accommodate the preferences checked above, but specified work is not guaranteed. Students will be asked to assist as necessary to support the program

Please check here if your are using LPAA basketball as you Graduation project:

Student Advisor's Name: _____

Phone: _____

Cell Phone: _____

Email: _____

I'm available on the following day and time during the LPAA season

Mondays 6pm - 9pm

Tuesdays 6pm - 9pm

Wednesdays 6pm - 9 pm

Thursdays 6pm - 9pm

Saturdays 9am- 4pm

Please call if you have any questions: Jim Kaiser H: (610) 970-2175 C: (610) 761-8597