



MBA TEAM SIGN-UPS

_____ Pinto Mustang Bronco Pony
Team Name

Manager: _____ Phone/email _____

Asst. Coach: _____ Phone/email _____

PLEASE LIST PARENT(S) RESPONSIBLE FOR EACH JOB AND THEIR PHONE NUMBER AND E-MAIL. **There must be a volunteer for every job responsibility. Sign ups are on a per player basis, so families with more than one player on the team will have more than one team job (i.e., if a family has two players on the team, they are responsible for two team jobs).**

Team Administrator:

Name: _____ Phone: _____
e-mail: _____

You are responsible for contacting players/parents as needed by coach. You will collect MBA Apparel Order Forms and deliver them to **Amy Kikugawa at 383 Deerfield Drive** (lawyermom@gmail.com) by **February 6th**. You plan the team party and coordinate the coaches' gift. You also collect jerseys at the end of the season and return them to the Uniform Manager.

Program Book and Picture Day:

Name: _____ Phone: _____
e-mail: _____

You are to call or email parents to remind them of the team's scheduled photo time on **Picture Day (Saturday, February 4, 2011)**. Photo times will be posted on the MBA website. On Picture Day, you must be present to assist the photographers with the organization of your team as necessary and complete the Team Photo Information Form accurately and legibly. Also, you are to distribute Program Books to your team on Opening Day.

Raffle Coordinator:

Name: _____ Phone: _____
e-mail: _____

Responsible for selling raffle tickets to team families. Please read the Raffle Coordinator Duties Flyer for your specific job responsibilities.

Scorekeeper & Team Reporter (Two parents sharing both jobs):

Name: _____ Phone: _____
e-mail: _____

Name: _____ Phone: _____
e-mail: _____

Responsible for being *official* scorekeeper at **all home games** in addition to being team scorekeeper when you are the *visiting* team. You will also be responsible for preparing and submitting “roundup” and “box score” game results to the MBA Press Coordinator.

Field Preparation:

Name: _____ Phone: _____
e-mail: _____

Name: _____ Phone: _____
e-mail: _____

Name: _____ Phone: _____
e-mail: _____

Name: _____ Phone: _____
e-mail: _____

Name: _____ Phone: _____
e-mail: _____

Responsible for preparing the field prior to all **home** games; drag, rake and water. It takes at least 30 minutes prior to game time. **You will be notified of a mandatory field prep clinic.** One parent will serve as the Field Administrator for the team. Please identify which parent is the Field Administrator.

ATTENTION COACHES!!

Please return this form completed in the attached addressed and stamped envelope *immediately following the team meeting*. Rapid distribution of the names collected and delivered to the appropriate board members is essential – thank you for your cooperation! You also have an additional blank form to complete and keep for your records.