



**ATHLETIC CONTEST WORKERS**

YEAR \_\_\_\_\_

**PLEASE CHECK APPROPRIATE BOX:**

|  |   |   |
|--|---|---|
| <input type="checkbox"/> FOOTBALL      | <input type="checkbox"/> BOYS BASKETBALL  | <input type="checkbox"/> TRACK          |
| <input type="checkbox"/> SOCCER        | <input type="checkbox"/> GIRLS BASKETBALL | <input type="checkbox"/> BASEBALL       |
| <input type="checkbox"/> VOLLEYBALL    | <input type="checkbox"/> WRESTLING        | <input type="checkbox"/> SOFTBALL       |
| <input type="checkbox"/> CROSS COUNTRY | <input type="checkbox"/> GOLF             | <input type="checkbox"/> GIRLS LACROSSE |

**POSITION WORKED**

|  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> TICKET SELLER | <input type="checkbox"/> TIME KEEPER  |
| <input type="checkbox"/> TICKET TAKER  | <input type="checkbox"/> SITE MANAGER |
| <input type="checkbox"/> SCOREKEEPER   | <input type="checkbox"/> OTHER        |

**EVENT WORKED**

| <u>DAY</u> | <u>DATE</u> | <u>OPPONENT</u> | <u>TIME</u> |
|------------|-------------|-----------------|-------------|
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**FORMS MUST BE TURNED INTO THE ATHLETIC DEPARMENT BY THE END OF EACH MONTH**

PRINT NAME \_\_\_\_\_

AD APPROVAL \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_