

THE MIRACLE LEAGUE OF ORANGE COUNTY VOLUNTEER REGISTRATION

NAME _____ AGE _____

MAILING ADDRESS _____

ZIP _____

PHONE (H) _____

PHONE (C/W) _____

E-MAIL ADDRESS _____

I AM INTERESTED (CHECK OR CIRCLE) IN BEING A:

COACH _____ BUDDY _____ VOLUNTEER FOR SPEC.EVENTS _____

I HAVE _____ YEARS EXPERIENCE WITH:

YOUTH SPORTS _____ BASEBALL _____

PEOPLE WITH DISABILITIES _____

I WAS A BUDDY LAST YEAR YES _____ NO _____

OTHER SPECIAL QUALIFICATIONS OR CERTIFICATION

PLEASE RETURN TO STEEL MORRIS BY E-MAIL OR MAIL

STEEL MORRIS
THE MIRACLE LEAGUE OF ORANGE COUNTY
6231 APACHE RD.
WESTMINSTER, CA 92683