



CUMMING-FORSYTH COUNTY
MIRACLE LEAGUE
www.cfcml.org
VOLUNTEER REGISTRATION FORM

Name

Age

Mailing Address

City/State/Zip

Home Phone

Work Phone

E-mail Address

I am interested in being a: (check or circle)

Coach _____ Buddy _____ Volunteer for special events _____

I have _____ years experience with:

Youth Sports _____ Baseball _____

People with disabilities _____

I was a buddy last season. Yes _____ No _____

Other special qualifications or certification:

Please return this completed form to Steve Miller

By e-mail: StMiller@forsyth.k12.ga.us

By U.S. Mail: CFCML
Attn: Steve Miller
PO Box 932
Cumming, GA 30028