



CUMMING-FORSYTH COUNTY MIRACE LEAGUE VOLUNTEER REGISTRATION

Name: _____ Age: _____

Mailing Address: _____

Phone (h): _____ Phone (c/w): _____

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 Susan Darlington

➤ By e-mail: SDarlington@forsythk12.ga.us

➤ By U.S. Mail: CFCML

Attn: Susan Darlington

PO Box 932

Cumming, GA 30028