

**Acworth Horizon League
Spring 2009
Volunteer Registration**

Name _____ Age _____

Mailing Address _____

City _____ Zip Code _____

Phone (H) _____ Phone (Cell) _____

E-Mail Address _____

Availability:

Saturday:

- Morning
- Afternoon

Do you have experience working with people with disabilities?

Yes: _____

No: _____

**Please return this form to:
Acworth Parks and Recreation
Attn: Lauren Ham
4762 Logan Road
Acworth, GA 30101
Email: lham@acworth.org
Fax: 770-966-7891**

For office use:

Team: _____

Player: _____