



THE FIRST ANNUAL
Anthony J. Salmon
 3-ON-3
 BASKETBALL TOURNAMENT



Volunteer Registration Form

Thank you very much for agreeing to support this event as a volunteer; we would not be able to do it without you!

In order to coordinate your participation on **Saturday, April 17th**, we ask that you fill in the information below.
 The roles and time slots noted below are for reference and may be subject to change.

Name: _____ Affiliation (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

T-shirt size (adult sizes only, circle one): Small • Medium • Large • Extra-Large

Please check the **role(s)** for which you would like to volunteer. We will try to accommodate all requests.

- Check-In/Court Monitor** (help teams when they arrive and direct them to the correct courts throughout the day)
- Raffle Sales** (help with raffle ticket sales and announcing of prizes)
- Concession Sales** (help with sales of food/beverages)
- Referee** (help referee the games)
- Time-Keeper/Score-Keeper** (help teams keep score and time for each of the games)

Please check the **time slot(s)** for which you would be able to volunteer. These hours are subject to change and will be formalized closer to the date of the tournament.

- 8am-12pm**
- 12pm-4pm**
- 4pm-8pm**

Other Comments:

We would appreciate hearing from you ASAP! Please RSVP by Friday, April 9, 2004.

Please mail this form to:

Adrienne Morgan – ATTN: Basketball Tournament
 University of Rochester School of Medicine and Dentistry
 601 Elmwood Avenue, Box 601
 Rochester, NY 14642

For more information, please contact Adrienne at 585-275-7203 or adrienne_morgan@urmc.rochester.edu or visit the tournament website: www.urmc.rochester.edu/smd/student/salmon/

Thank you again for your support!