



<http://www.mississippidi.org>

VOLUNTEER REGISTRATION FORM

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Best Contact Phone Number: _____

E-Mail: _____

Is this your first DI season? Yes or No **Years of DI experience:** _____

Have you ever worked at a DI tournament? Yes or No

Where? _____

Is there a particular area(s) in which you would like to volunteer?

Are there any restrictions to your volunteering times (i.e.-My child is performing and I would like to watch)

Would you be a volunteer for Regional, Affiliate, or Both Tournaments?

Regional Affiliate Both

Would you want to volunteer on a State Level, or just Tournaments?

State Level Just Tournaments

What areas of expertise do you have? _____

Please send completed forms January 31, 2011 to :

Ralph Carter
1810 Waverly Ferry Road
Columbus, MS 39705
ad@mississippidi.org