

LSGBA BOARD MEMBER APPLICATION

Name:

Address:

Home Phone:

Cell Phone:

Email:

Do you have a child(ren) involved in the LSGBA program?

If yes, what is her age(s)?

What Board position are you interested in?

- | | | |
|---------------------------------------------|-------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> President | <input type="checkbox"/> Tournament Coordinator | <input type="checkbox"/> Concessions Coordinator |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Website Coordinator | <input type="checkbox"/> High School Booster Coordinator |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Scheduling Coordinator | <input type="checkbox"/> Social Media/Volunteer Coordinator |
| <input type="checkbox"/> Traveling Director | <input type="checkbox"/> Training Coordinator | |
| <input type="checkbox"/> In-House Director | | |
| <input type="checkbox"/> Apparel Director | | |

Why do you want to be on the LSGBA Board?

What contributions do you believe you could make to LSGBA?