

SPORTS EVENT PARTICIPATION FORM

All fields, excluding the signature field, of this form may be completed on the computer and then saved to print and sign.

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EVENT DATE: _____ HOURS: _____

EVENT NAME: _____

RESPONSIBILITIES: _____

EVENT COORDINATOR SIGNATURE: _____

EVENT COORDINATOR SIGNATURE: _____

EVENT COORDINATOR COMMENTS: _____

Please note: Sports administrators, athletic directors and school principals are authorized to verify participation. Coaching staff members are not authorized to do so. Complete as many of the forms as necessary to record all hours served.

Please submit to:

Email: info@acbsp.com

Fax: (888) 419-9990

Mail: ACBSP

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Ste. B543

Monument, CO 80132