AKRON CENTRAL SCHOOL DISTRICT
AKRON, NEW YORK 14001

EXTRA-CURRICULAR ATHLETIC APPLICATION

Name_____Date of Birth_____

Social Security Number_____Phone Number_____

Present Address_____
(Street) (City) (State) (Zip)

I am interested:

_____ Score Keeper

_____ Clock Operator

_____ Ticket Seller

_____ Lifeguard

_____ Volunteer _____ Varsity/Jr. Varsity Boys/Girls
Name of Sport Circle One Circle One

_____ Coach _____ Varsity/Jr. Varsity Boys/Girls
Name of Sport Circle One Circle One

_____ _____
Date Signature of Applicant

_____ I recommend the above applicant.

_____ _____
Date Signature of Athletic Director