



SAHS Boys Basketball Booster Club

Individual Player Work for Basketball Donations Program 2010-2011



REQUEST FOR SERVICES FORM

Requesting Business or Individual:

Services Desired: _____

Name: _____

Mailing Address: _____

Location: _____

Equipment: _____

Telephone: _____

#Volunteers Needed: _____

Contact Person: _____

#Anticipated Man Hours: _____

One Time _____ Weekly _____ Monthly _____ Begin Date: _____ End Date: _____

Requestor Will Supervise Volunteer(s) _____ Player Parent to Supervise Volunteer(s) _____

Please Choose One: Flat Donation of \$ _____ OR Per Man Hour Rate \$ _____

Players on this Job: _____

Please submit requests through the player involved, US Mail, or scan and e-mail.

PLEASE MAKE CHECKS PAYABLE TO: SABBBC

(Non-Profit Tax ID # 20-1893263)

Mail or Deliver To: SABBBC c/o Matt Evans

16325 Seville Park Circle, Anchorage, AK 99516

or scan and e-mail: 'cavokak@yahoo.com'

Questions regarding this program, contact Matt @ 907-360-1527

INFORMED CONSENT WAIVER OF LIABILITY

We the undersigned agree the South Anchorage High School Basketball Players listed above are authorized to perform the work listed above at the location(s), date(s) and time(s) listed above. We understand all participants of the Work for Donations Program, players as well as individuals/businesses desiring services, do so voluntarily and at their own risk. We understand the parents/legal guardians of minor children players are required to maintain accident medical insurance for South Basketball sponsored events. We agree South Anchorage Boys Basketball Booster Club will not be held liable for any injury or damage that may occur as a result of participation in the Work for Donations Program.

Signature of Parent/Legal Guardian/Date

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Signature of Business/Individual Requesting Services/Date