



2011 Winter Coaching Enrollment Form

Players Name: _____

Date of Birth: _____

Parent's Name: _____

Address: _____

Home Phone number: _____

Parent's primary contact Cell Phone Number: _____

Parent's primary contact e-mail address: _____

Child's e-mail address: _____

Do you want CCA e-mails to be sent to your child's e-mail address? YES: ___ NO: ___

Please mail your checks to: **CCA, 10307 Bret Avenue, Cupertino CA 95014**

IMPORTANT: Please Read

CCA owes its phenomenal success to all its parent volunteers. We request you to please select the volunteer task of your choice from the following list. You can select more than one task. We will contact you as and when we need help based on your choice.

Thank you for joining CCA. We hope your child will have an enjoyable coaching session with us.

<input type="checkbox"/> Scoring	<input type="checkbox"/> Umpiring
<input type="checkbox"/> Team Manager	<input type="checkbox"/> Ground Manager
<input type="checkbox"/> Team Mom/Dad	<input type="checkbox"/> Fund-raising help
<input type="checkbox"/> Coaching Help (to help main coach or in conducting practice sessions)	<input type="checkbox"/> Communication In-charge for tournaments
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Preparation of Flyers