

**COBB COUNTY STATE QUALIFYING MEET
TEAM VOLUNTEER SHEET**

VOLUNTEER INFORMATION MUST ACCOMPANY ENTRY FORMS

Team Name _____

Division _____

Please indicate if volunteers are stroke and turn

VOLUNTEERS

FRIDAY:

1. Name: _____

Address: _____ Zip _____

2. Name: _____

Address: _____ Zip _____

SATURDAY:

1. Name: _____

Address: _____ Zip _____

2. Name: _____

Address: _____ Zip _____

SUNDAY:

1. Name: _____

Address: _____ Zip _____

2. Name: _____

Address: _____ Zip _____

**YOUR VOLUNTEERS MUST BE PRESENT TO WORK IN ORDER FOR YOUR TEAM TO SWIM.
IF THE MORNING VOLUNTEERS' SWIMMERS MAKE FINALS PLEASE ADVISE THEM TO
CHECK BACK IN WITH THE VOLUNTEER COORDINATOR.**