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ACBA Champions League Buddy Volunteer Registration

Name (first, last): _____

Address: _____ City: _____ State: _____

Primary Phone: _____ Texting (circle preference): Yes No

Email: _____

Age: _____ (If under 18, parent/ guardian must sign along with the volunteer to demonstrate willingness to participate and understand commitment to the program.)

I understand/give permission for my picture to be taken and understand that these photos may be used on Facebook, our website, and other forms of social media. If over the age of 18, I agree to a background check.

Have you ever been convicted of a crime? _____ If yes, you will be subject to a formal interview before being allowed to participate.

Volunteer Participant Signature

Parent/Guardian Signature (if under 18)

Parent/Guardian name (please print)

Parent/Guardian phone number

Is there a specific player you would like to Buddy with? (Requests are not guaranteed.)

Player Name: _____

Games are played each Saturday in June. Please list any conflicts with those days, so we can be sure to have enough buddies in the field. Thank you!