

Annual Great American Shoot-Out



Plano Sports Authority
6500 Preston Meadow
Plano, TX 75024



May 28-30, 2005

~Volunteers Needed~

Great American Shoot-out has enlisted the help of the Plano Convention & Visitors Bureau (CVB) for the **17th Annual Basketball Tournament** in Plano from May 28-30.

This volunteer request presents you with an opportunity to help promote the region's efforts to bring more prestigious sporting events to North Texas.

Below is a list of shifts and positions for which we are seeking volunteers 16 or older. ***If you are interested, please complete the attached form and return via fax (972.424.0002) or e-mail [to elizabethn@plano.gov](mailto:elizabethn@plano.gov).*** You may want to check more than one duty/shift, and mark in order of preference (1, 2, etc.) so that if your first shift choice is full, I can try to place you in another shift.

The Plano Sports Authority will supply you with event credentials. Upon arrival, you will need to check-in with Mike Kundstadt

Someone with the Plano Convention & Visitors Bureau will be contacting you with your assignment and any other information you will need closer to the actual event date.

For more information, please call or email Elizabeth Naculich at 972-422-6830 or elizabethn@plano.gov. Please return form no later than May 16, 2005.

Thank You!!

Elizabeth Naculich



**City of Plano
Annual Great American Shoot-Out
Volunteer Registration Form**



Department or Activity: 2005 Great American Shoot-Out Date: _____

Name: _____ Email address: _____

Address : _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

I am interested in the following shifts:

Volunteers are needed each day to assist with scores, keep the clock, and other tasks
Saturday, May 28 thru Monday, May 30.

_____ Saturday: 11:00am – 6:00 pm AND/OR _____ 11:00am – 3:00pm

_____ Sunday: 11:00am – 6:00 pm AND/OR _____ 11:00am – 3:00pm

_____ Monday: 11:00am – 6:00 pm AND/OR _____ 11:00am – 3:00pm



Please fax to 972.424.0002 or e-mail elizabethn@plano.gov no later than May 16, 05.

WAIVER OF LIABILITY

IN CONSIDERATION OF THE CITY OF PLANO ALLOWING ME (MY CHILD/CHILDREN) TO PARTICIPATE IN THE VIP PROGRAM, AND BEING AWARE OF THE POSSIBLE INJURIES THAT COULD OCCUR AS A RESULT OF THAT PARTICIPATION, I ON BEHALF OF MYSELF (MY MINOR CHILD/CHILDREN) RELEASE THE CITY OF PLANO OFFICIALS, EMPLOYEES, AGENT, INSTRUCTORS FROM ANY AND ALL INJURIES AND DAMAGES WHATSOEVER ARISING FROM PARTICIPATION IN THE EVENT.

I, MY HEIRS AND REPRESENTATIVE, AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS THE CITY OF PLANO, ITS OFFICIALS, EMPLOYEES, AND AGENTS FROM ANY AND ALL CLAIMS MADE BY ME (MY CHILD/CHILDREN) OR MY INSURER FOR INJURIES OR DAMAGES RELATED TO THIS EVENT.

I affirm that I have read the above and that the information I have given is true and complete.

Signature of Volunteer Date

Signature of Parent (if participant is under 18 years of age) Date