

# *West End Little League Concession Volunteers*

Team: \_\_\_\_\_ Date: \_\_\_\_\_

Team Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name:

Phone:

5:00 – 7:30

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |

7:00 – 9:30

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |

*Please send a copy of your completed schedule to  
Jennifer Lyons at  
[jlyons@beaumont.k12.tx.us](mailto:jlyons@beaumont.k12.tx.us) and Kristine Smith at  
[Kristine.smith4665@gmail.com](mailto:Kristine.smith4665@gmail.com) and  
[kbsmith@cbi.com](mailto:kbsmith@cbi.com)  
@ least 1 week prior to your scheduled day  
**Call or email each parent the night before!***