

**TEAM SPIRIT STAFF**

**APPLICATION FORM**

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ PRESENT GRADE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

TEAM SPIRIT ADVISOR: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

ARE YOU INTERESTED IN BEING A FUTURE STAFF MEMBER FOR TEAM SPIRIT? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE MAIL IN A PHOTO AND BRIEF LETTER ABOUT YOUR SELF WITH YOUR REGISTRATION FORM.

\_\_\_\_\_ DATE: \_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
TEAM SPIRIT ADVISOR'S SIGNATURE

PLEASE MAIL A PHOTO AND BRIEF LETTER ABOUT YOURSELF WITH THIS REGISTRATION FORM TO: Sharee Galnore or Lynn Ware, Cape Girardeau Safe Communities Program, 40 S. Sprigg St., Cape Girardeau, MO 63703