



VOLUNTEER PAYMENT ENROLLMENT

Please PRINT Legibly. Return Completed Form to the Tournament Judge's Table

Tournament Site: _____ Tournament Date(s): _____

Circle One: HS Tournament MS Tournament

Conference (Select One): RCC Blue Red Maroon Silver Lake Michigan Navy Pier
Grant Park Chicago River

Volunteer Role (Circle One): Judge Tournament Support Tab Director

Are You a High School Student? _____ Yes _____ No

Do you wish to donate your volunteer stipend back to Chicago Debates? _____ Yes _____ No

Volunteer's Full Legal Name: _____

Mailing Address (Where your stipend will be mailed):

Street City State Zip

Phone Number: _____ Email Address: _____

I hereby certify that the information I have provided on this form is true and accurate.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Stipend Amount: \$ _____ Expense Account #: 5427 (Required)

Class: 100 (Required)

Day(s) Volunteered (Circle all that apply): ½ Friday Full Friday ½ Saturday Full Saturday Finals Bonus

Approved by:
Staff Signature: Lauren Hince Date: _____

Supervisor Signature: _____ Date: _____