

TIES Team Responsibilities Form

One copy of this form is to be completed by each team and turned in to the TIES Program Director and posted on the Team Website by the end of week 2 of the quarter. Please note that it is **MANDATORY** that everyone in the group must put down their **cell number** or if they do not have one, a **working number** that they can be reached at all times.

Team _____ Quarter _____ Year _____

NAME	Cell Number	UCSD Email Address
<i>Team Leader:</i>		
<i>Team Facilitator:</i>		
<i>Project Name and Leader :</i>		
1.		
2.		
3.		
<i>Community Client Liaison (LCC):</i>		
<i>External Liaison :</i>		
<i>Webmaster:</i>		
<i>Student Advisory Group Representative:</i>		
<i>Financial Officer:</i>		
<i>Document Keeper (s) :</i>		