

EVERYONE RIDE / RUN AGAINST CANCER EVERYDAY



VOLUNTEER REGISTRATION FORM

Please complete each section

VOLUNTEER INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Volunteer Email Address: _____

CHOOSE YOUR TIME OF DAY

Morning (5:30-11:00) Afternoon (11-Finish) All Day- 5:30am to finish

CHOOSE YOUR PREFERRED JOB

Registration Cleanup/setup Event Marshall
 Aid Stations Other _____

Please note: Assignments will be give on a first come first serve basis so we cannot guarantee your preferred job. Specific Assignments will be given 1 week prior to the event.

If you have any questions, please contact:

Diane Healey- Volunteer Co-coordinator

Tel: (860) 549-8266

Fax: (860) 549-8984

email: errace2011@errace.org

Thank you for your support!

Diane Healy- Volunteer Co-coordinator

Please mail the completed form to:

ERRACE

PO Box 485

Portland, CT 06480

Come Ride, Run, Walk or Volunteer in the Everyday fight against cancer!!