

AI Copeland Memorial Powerboat Races

Volunteer Form

Fax completed form to: 251.949.6440

PLEASE PRINT AND COMPLETE THE ENTIRE FORM

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____

Special Medical Information: (heart, diabetic, allergies, physical limitations, etc.):

Date of Birth: ____/____/____ Occupation: _____

T-Shirt Size: _____ Small _____ Medium _____ Large _____ Extra-Large

STAFF POSITION – Please check the positions you are interested in:

Entrance Administration Vendor/Race Village VIP Tent
 Security Signage Wet Pits Children's Area

AVAILABILITY– Please check date and circle AM, PM, or BOTH

____ Thursday, July 31, 2008	AM	PM	BOTH
____ Friday, August 1, 2008	AM	PM	BOTH
____ Saturday, August 2, 2008	AM	PM	BOTH
____ Sunday, August 3, 2008	AM	PM	BOTH