



4.1.17

TENNESSEE'S OLDEST MARATHON



ANDREW JACKSON MARATHON and HALF MARATHON RUN VOLUNTEER REGISTRATION FORM

Last Name: _____ First Name _____ Age _____

Mailing Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: (____) _____ E-mail: _____

Are you a member of a Team, Fraternity, Club, etc.?
Circle one: YES NO Team Name: _____
How many in your group can volunteer? _____

All Volunteers will receive a T-Shirt: Check size: __Sm __Med __Lrg __X-Lrg __XX-Lrg

Are you running in the (please check) __Marathon __Half Marathon

What time are you available to volunteer? (All day or between 6am and 2pm) _____

In what area would you like to Volunteer?
Set-up__ Packet Pick-up__ Vol. Reg. Table__ Start Line__ Road Guard __
Water Station__ Celebration Area__ Floater__ Finish Line Medals __ Clean Up __

Please email to:
Judyrenshaw2@gmail.com

Or mail to:
Carl Perkins Center
Attn: Julie
PO Box 447
Jackson, TN 38305
731-668-4000

Assignments made on first come, first serve basis. Check for accuracy of phone and please print email address. Confirmation will be by phone or email to you.

Thank you for considering becoming a Volunteer for the Andrew Jackson Marathon.