

VOLUNTEER INFORMATION

Name: _____ Date: _____

Address: _____
 Street city state zip

Phone: _____ Cell phone: _____

Email: _____ Are you 21 years or older? _____

T-Shirt Size (please circle): small medium large xlarge xxlrge

How did you hear about the event? _____

Do you have experience working with a triathlon? _____

If yes, what kind? _____

Do you have any allergies or medical conditions we need to be aware of: _____

If yes what kind: _____

Volunteers are vital to the success of any triathlon and ours is no exception. We really appreciate all your help and support and look forward to working with you!!

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For office use only:

Signed waiver:            yes    no

Please attach to this form when received.

Volunteer assignment: \_\_\_\_\_