



Volunteer Registration Form

Please complete all fields

Contract Info

First Name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Age (if under 18): _____

Primary Phone: _____

Email Address: _____

T-Shirt Size: _____

Emergency Contact Information

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Please select all events you may be interested in volunteering at:

- | | |
|---|---|
| <input type="checkbox"/> Causeway 5K/15K Race (June 3, 2017) | <input type="checkbox"/> 4th of July Parade (July 4, 2017) |
| <input type="checkbox"/> Colchester Triathlon (July 30, 2017) | <input type="checkbox"/> Winter Carnival (February 3 - 5, 2017) |
| <input type="checkbox"/> Youth Basketball Coach (November - February) | <input type="checkbox"/> Youth Lacrosse Coach (March - June) |

Return this Form To:

Colchester Parks & Recreation
Town Hall — 781 Blakely Road, Second Floor

Or Mail To:

Colchester Parks & Recreation
P.O. Box 55
Colchester, VT 05446

