



Volunteer

Contact information

Name	
------	--

Address

Street		Apt. No.	
City			
Province/state			
Post code/ZIP			
Country			

Home phone	
Cell phone	
Email	

Volunteering information

Area in which you would like to help (ie sailing companion, dock logistics, registration office, etc)

--

Availability

<i>Day</i>	<i>Times</i>
Monday, Sept. 13	
Tuesday, Sept. 14	
Wednesday, Sept. 15	
Thursday, Sept. 16	
Friday, Sept. 17	

Sailing experience – for sailing companion volunteers

Experience working with people with disabilities (particularly at previous regattas)

T-shirt size

Add any additional information (ie dietary requirements)

Email completed form to fsheffdean@disabilityfoundation.org

Alternately, it can be printed and filled by hand. (Fax it to **604-688-6463** or mail it to:
Mobility Cup 2010, 207 – 3077 Granville St., Vancouver, BC V6H 3J9, CANADA.)