



**2009 Kid's Marathon
Volunteer Information Form
Saturday, October 17, 2009**

First Name: _____ Last Name: _____

Address: _____ ST: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email #: _____

Company/Organization: _____

(If volunteering with a group)

Shirt Size: Medium Large X-Large XXXLarge (Circle One)

AGE: _____ (min. age 14)

Are you willing to work more than one of the shifts marked? ____ Yes ____ No
I will volunteer for:

Race Packet Stuffing

Chip Distribution

Packet Pickup

Race Site Help

Course Monitors

Finish Line

Water Stations

Post Race Food

Parking

Awards

Race Day Packet Pickup

Post Race Tear Down/Clean Up