

CHALLENGE CUP RELAY TEAM SWORN VOLUNTEER

Team Name	Team Capt.	Phone #	Team #
SWORN VOLUNTEER INFORMATION			
Last Name	First Name	Day Phone	
Mailing Address		Apt: or Mail Stop	
City, State		Zip	
Email Address or FAX Number			
What Stages have they worked previously?			
List a preference of assignments?			

Team Captain: Fill in the above information and submit it to the Committee as soon as you have assigned a volunteer. Special Instructions will be mailed to this volunteer indicating their assignment and their expected time of arrival at their assigned stage. Deadline for the receipt of this form shall be **MARCH 15.**

If for some reason this Volunteer is replaced by another, it is your responsibility to see that the mailed material is transferred to the new volunteer.

(Failure of your Volunteer to appear will cause your team to be DISQUALIFIED. (Refer to Rule 3.3)

FOR OFFICIAL LAPRAAC USE ONLY
DATE RECEIVED:
ASSIGN TO STAGE:
VOLUNTEER NOTIFIED OF ASSIGNMENT
INFORMATION PACKET MAILED:
DATE ENTERED INTO COMPUTER: