

VOLUNTEER REGISTRATION

Email:	Full Name:
Address: Line 1 _____ Line 2 _____ Town/City _____ County _____ Postcode _____ If you are stay here, where are you staying? _____	Home Telephone: _____ Mobile phone: _____ Mobile Phone on the Day: _____

We welcome your help. Please select which day(s) you are available to help:-

- Thursday 8th September 2011
- Friday 9th September 2011
- Saturday 10th September 2011
- Sunday 11th September 2011 – Day of event
- Monday 12th September 2011
- Tuesday 13th September 2011

Survey Questions

T-shirt Size Small / Medium / Large / Extra Large

Have you marshalled before? Yes / No

Do you have your own transport? Yes / No

Do you have any physical disabilities that you think we should be aware of? Yes / No
If yes, please let us know what _____

Do you have any medical conditions? Yes / No
If yes, what are they _____

Do you have any dietary requirement? Yes / No
If yes, what are they _____

Do you know the area? Yes / No
If yes, what parts do you know the most? _____