



VOLUNTEER REGISTRATION FORM

Contact Cal Benson for further information 564-2580 or info@caledonianordic.com or fax to 564-0833

Name : _____ **Date:** _____

Phone # _____ **Email Address:** _____

Are you a certified official? _____ **Yes** _____ **No**

If certified, what level? _____ **One** _____ **Two** _____ **Three**

Do you have cross country race experience as:

_____ **An official?** _____ **A parent?** _____ **A coach?**
 _____ **A spectator?** _____ **A competitor?**

Do you have a preference for the type of function you perform

Event Related? _____

- Parking/traffic Control _____
- Stadium Stewards _____
- Facility maintenance _____
- Pedestrian control _____
- Apparel sales _____
- Opening ceremonies _____
- Set up crew _____
- Volunteer communications _____
- Food administration _____
- Athlete receptions _____
- Registration kits _____
- Program booklet _____
- Banquet _____
- Media co-ordinator _____

Race Related? _____

- Ski marking _____
- Manual timing _____
- Finish Line Stewards _____
- Course controllers _____
- Start/finish controllers _____
- Admin. Assistants _____
- Manual trail grooming _____
- Manual timing recorders _____
- Results board _____
- Computer operator _____
- Bib recorder _____
- Clothing stewards _____
- Course Marshalls _____
- Stadium set up crew _____

When are you available ?

Months leading to the Event				During the Event: Feb 27-Mar 6 2005						
Nov	Dec	Jan	Feb	Sat	Sun	Tue	Wed	Thur	Fri	Sun
'04	'04	'05	'05	Feb26	Feb 27	Mar 1	Mar 2	Mar 3	Mar 4	Mar 6

The week following the Event