



Volunteer Registration Form

Please complete all fields

Contract Info

First Name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Age (if under 18): _____

Primary Phone: _____

Email Address: _____

T-Shirt Size (S - 2XL; indicate men's or women's cuts): _____

Emergency Contact Information

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Please select all events you may be interested in volunteering at:

- | | |
|--|--|
| <input type="checkbox"/> Causeway 5K/10K/15K Race (First Saturday in June) | <input type="checkbox"/> 4th of July Parade (Always on July 4) |
| <input type="checkbox"/> Colchester Triathlon (Last Sunday in July) | <input type="checkbox"/> Winter Carnival (First weekend in February) |
| <input type="checkbox"/> Youth Basketball Coach (November - February) | <input type="checkbox"/> Youth Lacrosse Coach (March - June) |

Return this Form To:

Colchester Parks & Recreation
Town Hall — 781 Blakely Road, Second Floor

Or Mail To:

Colchester Parks & Recreation
781 Blakely Road
Colchester, VT 05446

Or Email To: mlapan@colchestervt.gov

