Special Olympics New Zealand

Single Sport Event
CASUAL VOLUNTEER REGISTRATION SHEET

Form 5

Event Name: Event Date:

Team Leader/Contact Person:	Group/Company/Club/School:	Work Phone: Email:	Mobile:

Full Name	Address and Phone Number	Email Address	Event Role (completed by Event Manager)	Would you like to receive our monthly e-newsletter?	Sign In Time	Sign Out Time

The information you provide will be used by the Event Manager for health and safety purposes, by Special Olympics New Zealand for statistical purposes, and to enable us to contact you in the future to see if you would like to volunteer at another event.