

## 2015 VOLUNTEER APPLICATION

Name:	DNAL INFORMATION			Email:	
- Mailing	Address:				
_					Zip:
-					)
Facsimil	e: ( )				
					:
	s:				
City:			State:		Zip:
Gende	: □Male / □Female Age	: Birthdate:	/	<del></del>	
Tee-shi	rt Size: □Small □ Medium	ı □ Large □ XL □>	ΚXL		
Any ph	ysical limitations or medica	al conditions?			
Sunday  12:0  2:00  Monda Check-li	NAMENT INFORMATION September 20, 2015 Opm-4:00pm (Auction & Fpm-4:30pm (Pre-tournament)  Name of the September 21, 2015  Name of the September 21, 2015  Name of the September 21 orien	Prize Drawing Displa ent set up)			
	eference:	C - + 1 1 - \			
	am-11am (Course & Cart : -4:30pm (On-Course Oper	• •			
	-8pm (Tear Down Course)	•	on & Prize Drawin	g Operations /	
VOLU	Please interact with other	shorts and slacks (v ses, and your own h eck-in. unteer you represe ers with respect and tand your position,	nat (if you require nt AEFK and that t kindness. its responsibilitie	more coverage). he charity will be judg s, who your team is, a	ged by your actions & words. nd who your supervisor is. ease do not volunteer.
	PRINT NAM		VOLUNTEER SIGN	ATURE	DATE

Please fill out the form and return it via e-mail, fax or mail by August 1, 2015. If you have any questions please feel free to CONTACT: (714) 894-5450 at the information below.