



Volunteer 5K Race Application

Date: _____

Event Date: ____/____/____

Volunteer Contact Information

Date of Birth: ____/____/____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Home Phone: (____) _____

E-mail Address: _____

Employer or Sponsoring Organization: _____

T-shirt size: (circle one) SM MED LG XL XXL

Are you interested in helping out with other future events at the Boys & Girls Club? Y or N

Please include a copy of a valid ID when submittin this document.

GREAT FUTURES START HERE.



BOYS & GIRLS CLUB
of Fitchburg and Leominster