

**Caribbean Island Swimming Championship
Volunteer Registration Form**

Volunteer Name: _____

Phone #: _____ Cell Phone: _____

Email Address: _____

Gender: ☐ Male ☐ Female

Age: ☐ 10-15 ☐ 16-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56-65

Please tick competition dates and sessions that you will be available to assist:

- ☐ Friday, July 18, 2008
☐ Morning session
☐ Afternoon session
☐ No preference
- ☐ Saturday, July 19, 2008
☐ Morning session
☐ Afternoon session
☐ No preference
- ☐ Sunday, July 20, 2008
☐ Morning session
☐ Afternoon session
☐ No preference
- ☐ Monday, July 21, 2008
☐ Morning session
☐ Afternoon session
☐ No preference
- ☐ Tuesday, July 22, 2008
☐ Morning session
☐ Afternoon session
☐ No preference

Are you willing to assist on non competition dates? ☐ Yes ☐ No

Please indicate your preferred discipline:

☐ Water Polo ☐ Swimming ☐ Synchronized Swimming

Please indicate your first, second and third choice of the area you prefer to be assigned to:

_____ Team Liaisons	_____ Synchro Judges	_____ Awards
_____ Basket Carriers	_____ Time Keeper	_____ Facilities staff
_____ Ball boys/girls	_____ Starters	_____ Gate staff
_____ Runners	_____ Referees	_____ Admin Staff
_____ Medal Carriers	_____ Deck Judges	_____ IT Support
_____ Airport Meet & Greet	_____ Marshals	_____ Marketing & PR
_____ Volunteer Support	_____ Goal Judges	_____ Finance Support
_____ Translator (spanish/french/dutch)	_____ Scorers	_____ Concession staff

***Please place this form in the box at the gate or return to Ms. Terri Myrie
(Contact # 434-5962; Email terri.myrie@gmail.com)***