

Volunteer Application Form



Oakridge Golf Club
Thursday, June 11, 2009

I am interested in helping with the following: (please check as many as you like)

Registration 8:30 a.m. — 12:30 p.m. 3 volunteers required	<input type="checkbox"/>
Course Games 12:00 p.m. — 5:00 p.m. 2 volunteers per hole required 6 holes	<input type="checkbox"/>
Putting Contest 12:00 p.m. — 5:00 p.m. 2 volunteers required	<input type="checkbox"/>
Silent Auction 4:00 p.m. — 8:30 p.m. 2 volunteers required	<input type="checkbox"/>

Name: _____

Address: _____

City: _____ Postal code: _____

Telephone : _____

Alternative Telephone: _____

Email Address: _____

Light refreshments will be provided.

Please Fax to : Epilepsy Durham Region (905) 571 0995

850 King Street West, Unit 20, Oshawa, ON L1J 8N5
www.epilepsydurham.com