Weekend Crew Assignment Form

Please fill in all of the information below and return the form by fax, post or email.

1. Contact Information: (Please PRINT Clearly)

Name: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

2. Valid Licenses and Certifications *(please fax a copy of your certification with your name and contact information to 403-770-8264):*

o MD o RN/LVN/LPN o Athletic Trainer o Special License (C 3, etc) _____

o OT/PT o Chiropractor o Podiatrist o Other _____

o RMT o Paramedic o ASL Interpreter

3. Weight you are capable of lifting:

o 0 lbs o 10-20 lbs o 20-30 lbs o 30-40 lbs o 40+ lbs

4. Vehicles you are comfortable driving: *All drivers must provide a copy of their driver's license prior to the event.*

o None o Minivan or SUV (7 person) o 15 ft. Truck o 24 ft. Truck o Manual Transmission Truck

5. Assignment Choices: *We will do our best to accommodate your choices, but the needs of the event will come first.*

1. _____ 2. _____

3. _____ 4. _____

6. Can you provide your own vehicle? o Yes o No

**Please note that certain teams are required to provide their personal vehicle for transportation. Fuel reimbursements will be issued onsite.*

7. Are you interested in being a Crew Captain? o Yes o No

8. Are you a returning Crew Member? o Yes o No

If "Yes", which Team were you assigned to last year? _____

9. If you have an existing Crew Team you would like to join, please indicate the Team Name and/or Captain's Name:

---

10. Special Considerations: *Please list any physical limitations, injuries, allergies, etc.*

Return to: The Weekend to End Women's Cancers
The Shoppers Drug Mart Weekend to End Women's Cancers
605 1st Street SW, Suite 375A
Calgary, AB T2P 3S9

Attn: Crew Coach
Fax: [403] 770-8264
Email: crewalberta@endcancer.ca