



Soccer Amical Terrasse-Vaudreuil
Courriel : socceramicaltv@gmail.com

REGISTRATION FORM - VOLUNTEER – SUMMER 2020

IDENTIFICATION OF VOLUNTEER:

Please keep us advised of any changes so that you receive all information relevant to the soccer volunteering program.

Last name :	First name :
Address :	City : :
Postal code :	Home phone :
Cell. Phone :	Email :

AVAILABILITY :	<input type="checkbox"/> MONDAY EVENING	<input type="checkbox"/> WEDNESDAY EVENING
	<input type="checkbox"/> REGULAR	<input type="checkbox"/> ON CALL

SIGNATURE : _____ DATE : _____