VOLUNTEER REGISTRATION
Lions VIP Fishing Tournament
Outer Banks, NC
October 10, 11, 12 and 13, 2010

Office Use Only	
Date Received:	
Amount Received:	
Check Number:	
Refund Check #	
Refund Amount:	
Date:	

Directions: Please type or print. **Each** person attending must fill out a separate application. This includes all volunteers and spouses requiring accommodations, otherwise rooms are not guaranteed. Forms must be filled out completely and signed. Fee includes three or four nights lodging, (Sun.- Wed.) and six meals. Application deadline: First-come, first-serve. If there are any accidents or medical needs while at the tournament you are required to call 252-202-2329. Send application and fee of **$85** to: Gwen A. White, Executive Director, PO Box 140, Columbia, NC 27925. Phone: (252) 441-4966 or whiteink1@earthlink.net. Make checks payable to VIP Fishing Tournament, Inc. Plans are to let you know in advance when and where you will be needed. We don't want to wear out our greatest resources - our volunteers.

1. Name for badge: _____
Last First Nickname

2. Address: _____
where you get mail County where you live

_____
City State Zip

Are you a Lion?_____ Which Club?_____What District?_____

3. Birth Date:_____ Age: _____ Sex: _____ Home Phone:_____
(used only for statistics - not shared - to get avg. age of volunteers)

4. Work Phone:_____ Cell: _____ E-mail address: _____

5. Circle one: Sighted Totally Blind Partially sighted

6. Volunteers are needed from 1 p.m. Sunday through the clean-up on Thursday morning. How long can you volunteer?_____

How many nights do you plan to stay?_____ When do you plan to arrive?_____

7. Would you be willing to share a room? _____

8. If so, do you have a preference of a roommate? _____

9. Do you have a preference of volunteer activities you would like to do?_____

_____

10. Do you like to work early mornings, late evenings and nights or it doesn't matter?

_____

11. In case of emergency, call:

_____

Name Home Phone Work Phone

12. List any medical problems and or medications taken on a regular basis for emergencies. (or attach list) _____

_____

13. Smoking Room Non-smoking Are you diabetic? Yes No

14. Do you have special equipment or dietary needs: If so, what? _____

15. Circle fishing preference. If no preference, leave blank. (We will make every effort to meet your request, but since the number able to volunteer on a boat is limited we make no guarantees.)

Boat Pier

16. Have you attended before? _____

17. Do you have a special county, group or volunteer you want to be paired with on fishing day?

_____

Important Information: Please enclose the $85.00 registration fee with your application. We regret that necessary advance commitment for housing prevents us from refunding fees after October 1. Transportation, and the coordination of this transportation, is the responsibility of the volunteer.

No alcoholic beverages or illegal drugs may be in a volunteer or participant's possession or consumed by a participant or volunteer while participating in the event. Anyone found in violation of this regulation will be sent home.

When the NC Lions VIP Fishing Tournament accepts this application, I, the undersigned do hereby release and discharge the NC Lions VIP Fishing Tournament, and any of its agents, affiliates, employees, and servants from any and all claims, liabilities, demands, or rights which I, or any of my friends or relatives, may have against said Tournament or its agents, affiliates, employees, or servants on account of connecting with or growing out of any injury, accident, loss, or damage or suffering, I or my immediate family may hereafter sustain arising out of acceptance of this application.

I further agree to release to the VIP Tournament all rights and privileges to photographs taken of me for use in VIP Fishing Tournament publicity that is in the proper interest of the Tournament.

I have read, or caused to be read to me, the foregoing and do hereby acknowledge that I fully understand each and every part thereof. I acknowledge these regulations and agree to abide by them.

Date: _____ Signature of volunteer _____

(Required)