



Volunteer Registration Form

First Name: _____ Last Name: _____
 Address: _____
 City: _____ Postal Code: _____
 Phone #: _____ E-mail: _____

I am a:

- Dance
- Parent of Dancer
- Professional
- Other

How did you hear about the ScotDance Canada Championship Series 2010?

Dancing Community Friends School
 Radio/TV/newspaper Business Internet/Online Media

** Please note: You must be over 16 years old in order to volunteer.

Please indicate dates & areas of interest where you would be able to volunteer:

<p><u>Tuesday, July 6, 2010 [set-up]</u></p> <p>___ morning ___ afternoon ___ evening</p>	<p><u>Wednesday, July 7, 2010</u></p> <p>___ morning ___ afternoon ___ evening</p>	<p><u>Thursday, July 8, 2010</u></p> <p>___ morning ___ afternoon ___ evening</p>
<p><u>Friday, July 9, 2010</u></p> <p>___ morning ___ afternoon ___ evening</p>	<p><u>Saturday, July 10, 2010</u></p> <p>___ morning ___ afternoon ___ evening</p>	<p><u>Sunday, July 11, 2010</u></p> <p>___ morning ___ afternoon ___ evening</p>

**Morning shifts will generally be scheduled between 7:30 a.m. and noon, afternoon shifts between noon and 5:00 p.m., and evening between 5:00 p.m. and 10:00 p.m., depending on the area.

**Times are approximate, as volunteer schedule will run in conjunction with competition schedule. You will be notified via e-mail at a later date once the schedule has been finalized.

Areas of Interest: (Feel free to indicate first, second, third choice, etc.)

Prior to July 7, 2010

___ Marketing	___ Program	___ Sponsorship/Grants
___ Awards	___ Merchandise	___ Dancer Bags
___ Facilities/Tent	___ Banquet	___ Registration

July 7-11, 2010

<input type="checkbox"/> Registration	<input type="checkbox"/> Facility Set Up	<input type="checkbox"/> Hospitality – Rooms	<input type="checkbox"/> Awards Presenter
<input type="checkbox"/> Scoring	<input type="checkbox"/> Vendor Set Up	<input type="checkbox"/> Hospitality – Hotel	<input type="checkbox"/> Awards Announcer
<input type="checkbox"/> Marshalling	<input type="checkbox"/> Clean Up	<input type="checkbox"/> Transportation	<input type="checkbox"/> Pin Exchange
<input type="checkbox"/> Competition Announcer	<input type="checkbox"/> Security	<input type="checkbox"/> Banquet	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Runner	<input type="checkbox"/> Merchandise Sales	<input type="checkbox"/> Opening Ceremonies	
<input type="checkbox"/> Information Ambassador	<input type="checkbox"/> Program/Ticket Sales	<input type="checkbox"/> Social	

Please describe your previous highland competition experiences(if any) or other relevant volunteer experiences related to the areas you checked above:

Please mail your completed form to:

**Michelle Cowell
SDCCS 2010
P.O. Box 388
Star City, Sask.
S0E 1P0**

If you have any further questions, please do not hesitate to contact Michelle at: immwcowell@xplornet.com. All further instructions & communications will be via e-mail.

For additional volunteer forms, feel free to make copies, or download them from the official event website: <http://www.scotdancecanada.ca/SDCCS2010/index.htm>

Thank you for helping us put on the “Reel” Event of 2010!