



Volunteer Application Form

Yes, I am interested in volunteering at the Autumn Escape Bike Trek

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ Phone (Evening): _____

Email: _____

T-shirt Size _____

I am interested in volunteering in the following area (s):

Registration Rest Stops Driver Sweeper (on Bike)

I am available for the following days:

Friday

Saturday

Sunday

I need overnight accommodations:

Friday

Saturday

Mail Form To:

Sheila Favazza
c/o Alpha-1 Foundation
184 Forest St.
S.Hamilton, MA 01982
978-468-7704