



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 _____

Please order me one lobster for Saturday night. _____ YES _____ NO

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:

Sue Binnall
c/o Alpha-1 Foundation
256 River Street
W. Newton, MA 02465