



2019 Flowers Sea Swim
Saturday 15th June
&/Or Monday 17th June

Volunteer Expression of Interest

Surname:				First name:			
Address:							
Telephones:	Home: Work: Cell:						
Email:							
Skills you would like to put to use in the Flowers Sea Swim:							
Volunteer position(s) you are interested in:							
Have you volunteered for the Flowers Sea Swim previously?				If so, in what capacity?			
When are you available:		Daytime		Evening		Weekdays	Weekends
		<u>Before the race</u>				<u>Day of race</u>	
Age:				Shirt size:			
Medical:	Do you have any medical conditions we should be aware of? If Yes, please provide details.						
Emergency contact:	Name:				Phone:		

Please return completed Expression of Interest form to the Flowers Sea Swim:

Email: info@flowersseaswim.com

Fax: 949-0595

Telephone: 623-0000