

2019 Foothills Fury Volunteer Application Form

Full name: _____

Address: _____

Postal Code: _____

Email: _____

Telephone: _____

Emergency Contact Name: _____

Telephone: _____

I am a:

Youth (under the age of 18)

Adult (18 and over)

I would like to volunteer because: _____

Please list any physical or medical conditions that may restrict your ability to perform certain tasks. We want to ensure our volunteers are safe.

Signature: _____

Date (YYYY/MM/DD): _____ / _____ / _____

*Please fill out and submit to fury@foothillssoftball.ca

2019 Foothills Fury Fastpitch Association

