

**2006 Eagle Cap Sled Dog Race Volunteer Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

What area would you like to work with? \_\_\_\_\_

Have you volunteered for a Sled Dog Race before? Yes No

If Yes, for how many years?

Do you have experience working with dogs? Yes No

**Agreement:** I agree that I will be responsible for my conduct during the time of volunteering of Eagle Cap Sled Dog Race. Further, I will not hold liable for any reason, the Eagle Cap Sled Dog Races Board, Sponsors or Officials. I understand and agree to work under these rules, and abide by the rules and do the job(s) given by the official(s) I work under.

**Volunteer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_