

Get in Gear, Inc. P.O. Box 50739 Mendota, MN 55150

Office: 651-528-8284 Fax: 612-722-5414

www.getingearevents.com

GET IN GEAR 2017 NON-DONATION VOLUNTEER GROUP REQUEST FORM

Volunteer Group Name:				_
Volunteer Group Contact Name:				
Phone No.:				•
Email Address:				-
Terms and conditions for said Voluntee	r Croup			
1. A minimum of 30 volunteers for the	-	r events If chi	ldren will be	part of volunteer
group, they must be 14-18 years of a				
direction from others. There must be				
2. To provide names of all volunteers				
3. To provide t-shirt sizes for each volu			0 1	
4. To provide liaison to work with GIO	3 office staff once	e volunteer pos	ition has been	n assigned
Please send this completed form by email Inc., P.O. Box 50739, Mendota, MN 5515 will evaluate the current status of voluntee on a first-come, first-served basis with larg office will contact the Volunteer Group Co Volunteer Group Request Form. The GIG again within six (6) weeks prior to event to position assigned to your volunteer group Get in Gear, Inc. will provide T-shirts to and conditions listed above.	50. After receiving a group positions ger volunteer group ontact listed above office staff will be give detailed in including race date.	g this complete available. Vol ups receiving he within two (2 be in contact wi structions relate by duties, volun	ed form, the Cunteer group igher consider 2) weeks of reith the Volumed to the volumeter sign-in,	Get in Gear office positions are filled eration. The GIG eviewing the teer Group Contact unteer group parking, etc.
The date of the 39th annual Get in Gear 10)K. 5K. 2K and F	Half Marathon i	s Saturday.	April 29, 2017.
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Thank you for your interest in volunteering making the Get in Gear events a success is	-		s. Your time a	and support in
GET IN GEAR, INC.:				
BY:	ITS:		DATE:	
Paulette Odenthal	Executi	ve Director		
:				

BY:_____DATE:____