



2007 ALBERTA EQUESTRIAN GAMES

VOLUNTEER FORM

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

I am available: (circle all that apply) Aug 9 Aug 10 Aug 11 Aug 12

Are you comfortable around horses? Yes _____ No _____
(gate people, jump crew, hitching ring, etc)

Do you have a specific discipline you would like to volunteer for? Please check all that apply.

Reining _____ Dressage _____ Jumpers _____ Competitive Trail _____

Vaulting _____ Driving _____ 4-H events _____ Pony Club events _____

Endurance _____ Drill Team _____ Polocrosse _____ Doesn't matter _____

What are your other areas of interest?

Greeters _____ Parking attendant _____ Set up crew _____ Take down crew _____

Barn Supervisor _____

I would also like to volunteer for the:

Opening Ceremonies _____ Closing Ceremonies _____

Saturday Night Social _____

**Please return form to: ALBERTA EQUESTRIAN FEDERATION
100, 251 Midpark Blvd. SE
Calgary, AB. T2X 1S3**

Or submit via Fax: (403) 252-5260