



**VOLUNTEER REGISTRATION FORM**

LAST NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

BIRTHDATE (MM/JJ/AA): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

OCCUPATION : \_\_\_\_\_

LANGUAGES SPOKEN: \_\_\_\_\_

MEN / WOMEN

SHIRT: XS S M L XL

HOW HAVE YOU HEARD OF VOLUNTEERING FOR THE ALOUETTES FOUNDATION?

\_\_\_\_\_

DO YOU WANT THE ALOUETTES FOUNDATION TO CONTACT YOU IF OTHER RELATED EVENTS NEEDS VOLUNTEERS?

YES / NO

## AVAILABILITIES

THE VOLUNTEERS MUST BE AVAILABLE **2 HOURS BEFORE THE GAME AND UNTIL THE END OF THE 3RD QUARTER** AND THEY ARE INVITED TO STAY TO ENJOY THE REST OF THE GAME.

PLEASE PLACE A CHECKMARK **X** ON THE GAME DATES THAT YOU ARE AVAILABLE:

Thursday June 17th 7:30 pm	Thursday June 17th 7 pm	Friday July 15th 7:30 pm	Friday July 29th 7 pm	Thursday August 4th 7 pm	Friday August 26th 7 pm	JEUDI September 1st 7:30 pm	Sunday October 2nd 1 pm	Monday October 10th 1 pm	Sunday October 30th 1 pm

## EMERGENCY CONTACT

CONTACT NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

PHONE : \_\_\_\_\_ CELL PHONE : \_\_\_\_\_

## LIABILITY WAIVER

I AGREE AND ASSUME ALL RISK AND DANGER AND RELEASE THE ALOUETTES FOUNDATION, THE ADMINISTRATORS, PLAYERS, EMPLOYEES, SPONSORS AND SUPPLIERS OF ALL RESPOSABILITIES FOR INJURIES, LOSS AND/OR DOMMAGES TO PERSONAL EFFECTS THAT OCCURS BEFORE, DURING AND AFTER THE EVENT HOWEVER AND WITHOUT RESTRICTING THE GENERALITY OF THE FOREGOING, OF ALL RISKS AND DANGERS INCURRED DURING COMPLETION OF THE ASSIGNEMENT.

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

Complete and return the form by email to: [reception@montrealalouettes.com](mailto:reception@montrealalouettes.com) or by mail at:

Montreal Alouettes Football Club  
1260 Robert-Bourassa Blvd., Suite 100  
Montreal, Quebec  
H3B 3B9