



## 2018 ENBRIDGE RIDE TO CONQUER CANCER ASSIGNMENT FORM

### CREW

Please fill in all of the information below and return the form by fax, post or email.

Contact Information (Please PRINT clearly):

NAME	
EMAIL	
CELL	
ADDRESS	

Valid Licenses/Certifications (Please submit a picture/scan copy by email to [alex@conquercancer.ca](mailto:alex@conquercancer.ca)):

- Massage Therapist
- Physiotherapist
- Special Driver's License (i.e. C3)

Weight you are capable of lifting:

- 0 lbs
- 10-20 lbs
- 20-30 lbs)
- 30-40 lbs
- 40+ lbs

Vehicles you are comfortable driving:

- None
- Manual Transmission Truck
- Minivan
- 15 Ft. Truck
- 24 Ft. Truck
- SUV

Assignment Form Choices (We will do our best to accommodate your choices, but the needs of the event come first:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Return form to:  
Email: [alex@conquercancer.ca](mailto:alex@conquercancer.ca)  
Cell: 1- 514-710-8876  
1101- 1980 Sherbrooke Ouest  
Montreal, QC  
H3H 1E3



- Can you provide your own vehicle?  Yes  No
- Are you a vegetarian?  Yes  No
- Are you available prior to the event?  Yes  No
- Would you like to captain a crew team?  Yes  No
- Are you currently a student?  Yes  No
- Are you looking to collect volunteer hours/references?  Yes  No
- Are you part of a corporate team?  Yes  No
- Would you be interested in hosting Crew info session?  Yes  No
- Are you available to help during the day on Friday, July 6<sup>th</sup>  Yes  No
- Are you a returning Crew Member?  Yes  No

If "Yes", which Team were you assigned to last year? \_\_\_\_\_

**If you have an existing crew member you would like to be with for the event weekend, please indicate the crew member's name:**

\_\_\_\_\_

**If you have a friend or family member who is interested, write down their name and email. We would be happy to send them some information about Crew.**

\_\_\_\_\_

**Which size do you prefer for Crew apparel? (provided by the event)**

\_\_\_\_\_

## Registration Fee

Please submit your non-refundable \$25 registration fee with this form. If you are submitting a personal check please make it payable to: Ride to Conquer Cancer

- Visa
- Mastercard
- Amex

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry \_\_\_\_/\_\_\_\_

Cardholder Signature \_\_\_\_\_

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