



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):

- 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
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 6th 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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