



2019 BC RIDE TO CONQUER CANCER CREW ASSIGNMENT FORM

1. Contact Information: (Please PRINT Clearly)

Name: _____

Birthday: _____

(Must be 16+. If between the ages of 16-17, please attach written permission from parent/legal guardian)

Address: _____

Postal Code: _____

Email Address: _____

Event Day Cell Number: _____

2. Please indicate any specialized licenses, skills, studies or interests i.e. marketing or event studies, medical designations, etc.

**Please bring a copy of medical and driving licenses with you to the event*

3. Often Crew members help us move boxes and lift supplies.

Are you comfortable lifting up to 25 lbs?

Yes No

4. Vehicles you are comfortable driving:

Cargo Van Van or SUV 15 ft. Truck 24 ft. Truck Manual Transmission Truck

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

Please see list of crew teams and choices.

1. _____

2. _____

3. _____

6. As a driver, can you provide your own vehicle?

Yes No

**If so, what type of vehicle are you bringing* _____

7. Are you collecting volunteer hours or references?

Yes No



8. Are you part of a corporate team?

*If so, which corporate team are you a part of? _____

Yes No

9. Would you be interested in hosting Crew info session for your colleagues, social groups or fellow students?

Yes No

10. Are you available on the Friday before event (August 23, 2019)?

Yes No

11. Would you be interested in a leadership role at the event?

Yes No

12. Do you know someone who is riding in the event?

Yes No

13. Do you have any physical limitations we should know about?

If so, please indicate: _____

Yes No

14. Is there anyone we should make sure is on the same team as you?

If so, please indicate their name: _____

Yes No

15. Why have you chosen to participate as Crew with the Ride to Conquer Cancer?

16. Are you a returning Crew Member?

If so, which team were you assigned last year? _____

Yes No

17. How many years and in which capacity have you participated with us?

Crew _____

Volunteer _____

Rider _____

This is my first time participating _____

18. Registration Fee

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

● Visa

● Mastercard

● Amex

Cardholder Name _____

Card Number _____

Expiry ____/____

Cardholder Signature _____

Registration fee does not apply for specialty Crew teams (Medical, Massage and Motorcycle Safety Crew)

Return to: The Ride to Conquer Cancer
Suite 303, 698 Seymour Street, Vancouver, BC, V6B 3K6

Attn: Crew Coach – Lara
Via Email: bcridecrew@conquercancer.ca

Lara | [888] 624-BIKE [2453] ext. 7064 | bcridecrew@conquercancer.ca
The Ride to Conquer Cancer, Suite 303, 698 Seymour Street, Vancouver, BC, V6B 3K6