

4th Annual Brickyard Collegiate Golf Championship  
October 8-10, 2010  
Volunteer Form

**Contact Information**

Salutation: Mr. Mrs. Ms. Dr. Gender: Male Female

First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

In case of emergency, contact: Name: \_\_\_\_\_  
Number: (\_\_\_\_) \_\_\_\_\_

Did you volunteer previously for the Brickyard Collegiate? Yes No

If so, what area did you volunteer for? \_\_\_\_\_

**Shift Selection** (Availability to work)

Shift Times: AM Shift 7AM – 1PM PM Shift 1PM – 7PM

Select Date and Shift:

Friday, 10/08/10: AM PM  
Saturday, 10/09/10: AM PM  
Sunday, 10/10/10: AM PM

**Shirt Size** (The first shirt is complimentary.)

Men: S M LG XL XXL XXXL

Women: XS S M L XL XXL

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please mail to:

Nate Wickline  
The Brickyard Collegiate Championship  
6000 Wesleyan Dr N  
Macon, GA 31210-6009