



## Volunteer Form

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Are you 18 years or older?

Yes

No

What job(s) would you like to volunteer for?

Scorekeeper / Timer

Staging

Security

Set Up

Tear Down

Medical

Hospitality

Other

If other please list: \_\_\_\_\_

Do you have previous experience volunteering with a Marital Arts Competition?

Yes

No

If "Yes" please tell us about your experience. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What days are you available?

Saturday

Sunday

Both

Please mail form to **West Coast Open**, 5610 75<sup>th</sup> Street West, Lakewood, WA 98499.

**\*\*\*Please do not mail Volunteer Form after October 7, 2016\*\*\***

Pierce College Health Education Center Gymnasium, 9401 Farwest Drive SW, Lakewood, WA 98498

Sunday, October 16 2016 8:30 am