

**VOLUNTEER REGISTRATION**

First Name: .......................................................

Surname: .......................................................

Email address: .......................................................

Home Tel: .......................................................

Mobile Tel: .......................................................

Mobile On Day:.......................................................

Address 1: .......................................................

Address 2: .......................................................

Town/City: .......................................................

County: .......................................................

Postcode: .......................................................

If you're staying here, where are you staying?:

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We welcome your help. Please select the days you're available to help:

[ ] The Wales Swim Friday 11th July 2014

[ ] The Wales Sportive Saturday 12th July 2014

[ ] The Wales Marathon Sunday 13th July 2014

**SURVEY QUESTIONS**

• T-shirt size: S / M / L / XL

• Have you marshalled before? YES / NO

• Do you have your own transport? YES / NO

• Do you have any physical disabilities that you think we should be aware of? YES / NO

If yes, what are they? ............................

• Do you have any medical conditions? YES / NO

If yes, what are they? ............................

• Do you have any physical dietary requirements? YES / NO

If yes, what are they? ............................

• Do you know the area? YES / NO

If yes, where do you know the most? ............................