

2015 NHSA Grass Drags and Water Cross EVENT Work Form

Please print clearly				
Your Name:				
Your Phone:				
Your email:				
Your Club:				
Please indicate 2 choices Place a (F) in front of yo	• •		cond choice.	
AdmissionsSw	ap Meet Parkir	ngSanitati	onAudito	or
Security (ALL DAY)	SafetyCa	mping (Friday	& Saturday only	y)
Please fill in where you versions positions may have the entire day. Please indicated that on Friday, admission procedure for anyone who ast year, you will be runder 18~ please.	earlier start times. Proceed your choice (we as people should chowishes to be consider	reference will I will do our beseck in at 1pm red as an audit	be given to those to accommodate. There is a sport or. If you did not be to be a sport or to the sport of the	se who volunteer for ate you). Please note pecial qualifications not work the event
	(Please choose when y	ou can start)		
Friday, October 9 ^{th?}	10:30am	1:00pm	End Time:	
Saturday, October 10 ^{th?}	10:30am	12:30pm	End Time:	
Sunday, October 11 ^{th?}	10:30am	12:30pm	End Time:	

Please mail this form to NHSA, 614 Laconia Rd., Unit #4, Tilton, NH 03276 or email your form to nhsaoffice@nhsa.com or fax **this form by June 15, 2015**. (Fax: 603-273-0218) Any questions: NHSA 603-273-0220

^{*} Club Program members working at the Race Into Winter Event is for NHSA members only.

^{*}NHSA will donate \$10.00 per hour for each hour you volunteer. NHSA will donate \$12.00 per hour for each hour an auditor volunteers. The amount will be paid to the NHSA-affiliated club of your choice (not to you individually).