



Extreme Abilities

Adaptive Surfing Volunteer Application Form 2014

Please read '**Volunteers Stations**' before completing this form if you want to be a volunteer. This information will add to your own safety and maximum enjoyment in your participation to the event.

Name and Surname:

ID Number:

Address:

Occupation:

Which event would you like to attend?

16 November 7 December

Were you part of previous Adapted Surfing events?

YES NO

Where would you like to volunteer at the next Adapted Surfing event?

Station 1. Station 2. Station 3. Station 4. Station 5.

station 3 surf coaches only station 5 surf coaches, life savers and surfers only*

General Clothing size:

Contact details:

Cell: _____ Email: _____

Contact Person in case of emergency:

Name: _____ Contact number: _____

Other Concerns:

**Please send completed Application form with a signed Indemnity form to
admin@extremeabilities.co.za **