



COUNTRY CLASSIC

VOLUNTEER AND BILLETING FORM Seaforth Golf Club

CONTACT INFORMATION

Name: _____
FIRST MIDDLE LAST

Address: _____
STREET APT. NO.

City: _____ Province/State: _____ Country: _____ Postal/Zip Code: _____

Phone: _____ Cell: _____ Email: _____

VOLUNTEER

I would like to volunteer for the following position(s):

- Parking
- Security
- Marshall
- Transport
- Attendance
- Practice Range
- Scoring
- Practice Green
- Crowd Control
- Registration
- Tidy Up (Litter Control)
- Anywhere, I just want to be involved

BILLET

Number of Persons I would like to Billet: _____

We are a smoking household: Yes No

We have pets: Yes No

MAILING INFORMATION

Please mail or fax the completed form to:

Seaforth Country Classic
Box 997
Seaforth, ON N0K 1W0
Fax: 519-522-0122

You can also complete the form online at
www.seaforthcountryclassic.com

