



FOR OFFICIAL USE ONLY
 Date Packet Sent:
 D.B.:

The Nineteenth Annual
 Maroono MS 150 Bike Tour
 presented by Wachovia
 April 16 & 17, 2005
 Volunteer Registration

INFORMATION (Please print clearly)

Last Name: _____ First Name: _____ Middle Initial: _____
 DOB: _____ Sex: M F Ethnicity (Optional): _____ T-shirt Size: _____
 Address: _____ City: _____ ST: _____ Zip: _____
 Home: _____ Work: _____ Cell: _____
 Email: _____ Employer: _____
 Employer Address: _____ City: _____ ST: _____ Zip: _____

Please check 1 box for each day and shift you wish to volunteer.

- Miami Dade College Kendall Campus**
 Saturday, April 16, 2005
- Set-up 5:00 - 9:00 am
 - Registration 5:00 - 9:00 am
 - Luggage 5:00 - 9:00 am
 - Food Service 5:00 - 8:00 am
 - Information/Volunteer Check-In 5:00 - 9:00 am
 - Water/Map 6:00 - 9:00 am
 - Parking 5:00 - 8:00 am
 - Clean-Up 7:00 - 10:00 am

- John Pennekamp Coral Reef State Park**
 Saturday, April 16, 2005
- Set-up 8:00 am - 12:00 pm
 - Rider Check-In/Camp 9:00 am - 5:00 pm
 - Luggage 9:00 am - 4:00 pm
 - Food Service Lunch 9:00 am - 3:30 pm
 - Food Service Dinner 3:30 pm - 8:00 pm
 - Information/Volunteer Check-In 8:00 am - 4:00 pm
 - Water 10:00 - 4:00 pm
 - Traffic Control 1:00 - 5:00 pm
 - Festivities 3:00 pm - 11:00 pm
 - Clean-Up 1:00 - 9:00 pm
 - Massage Therapist 11:00 am - 6:00 pm

- Sunday, April 17, 2005
- Luggage 1:00 - 4:00 pm
 - Food Service 10:00 am - 4:00 pm
 - Water/Cheering Section 10:00 am - 4:00 pm
 - Parking 9:00 am - 12:00 pm
 - Clean-Up 1:00 - 4:00 pm
 - Massage Therapist 10:00 am - 4:00 pm
 - Volunteer Check-In 9:00 am - 1:00 pm

- Sunday, April 17, 2005
- Water/Map 5:00 - 8:00 am
 - Food Service 5:00 - 9:00 am
 - Clean-Up 9:00 am - 1:00 pm
 - UPS Warehouse Sunday, 1:00 - 6:00 pm

Transportation Volunteers: All transportation drivers must submit copy of drivers license and proof of insurance.

- Motorcycle Traffic Control SAG. Must have co-navigator & vehicle able to pick up 3 or more riders.
- Hotel Shuttle (In Key Largo) Transportation (Truck drivers and helpers) Check here if you have a CDL:

Specialty Volunteers

- Medical Personnel: Nurses, EMTs, Physical Therapists, etc. Please specify: _____
- HAM Radio Operator: Call Sign _____
- Bike Mechanic

Attention Transportation and Specialty Volunteers: Please indicate the days you wish to volunteer:

- Saturday, April 16, 2005 Both
- Sunday, April 17, 2005

Special Skills or Limitations: _____

WAIVER & RELEASE: I agree and will hold harmless the National Multiple Sclerosis Society, corporate sponsors, cooperating organizations and all parties connected with the MS Bike Tour and MS 150 Bike Tour from any liability as a result of my participation. I will permit emergency treatment in the event of injury or illness while participating in the event and give permission to the National Multiple Sclerosis Society to use my name and photo taken of me during the event in any promotional material, publication, or on the website. The National Multiple Sclerosis Society withholds the right to dismiss anyone that may cause any disturbance. I certify that I have read this waiver and release and understand its intent.

Signature: _____ Date: _____

Under 18, signature of parent or guardian: _____

Under 18, signature of notary: _____

Notarization: _____

Please complete and fax back to Ernesto Diaz, KG4LXH at 305-971-0595