

THE 28^{TH} ANNUAL WELLNESS SHOW February 1^{st} & 2^{nd} , 2020 Vancouver Convention & Exhibition Centre, West Building Exhibit Hall "B"

VOLUNTEER REGISTRATION SHEET

Phone _____

School _____

Responsible leacher Fax						
Please note:	other positions, and it is 2. Please return via fax 3. We will confirm the r 4. PRINT YOUR NAME 0	All shifts are first come first served. <i>There is possibility of rotation within the positions or to other positions, and it may not satisfy your preferences.</i> Please return via fax/email before October 18th, 2019. Fax number: 604-983-2795. We will confirm the registration by October 25 th , 2019. PRINT YOUR NAME CLEARLY and make copy before use. Second registration will start in November				
	ME OF STUDENT	POSITION APPLIED FOR	DATE	SHIFT		
(First Name / Last Name / Phone / Email)		(please indicate: 1 st choice, 2 nd choice)		(A, B or C)		
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NAME OF STUDENT	POSITION APPLIED FOR	DATE	SHIFT
(First Name / Last Name / Phone / Email)	(please indicate: 1 st choice, 2 nd choice)		(A, B or C)
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