

<b>Volunteer Contact Information</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>Post Code:</b>			
<b>Tel Number:</b>			
<b>Mobile Number:</b>			
<b>Email Address:</b>			
<b>Which of these roles are you comfortable undertaking?</b>			
Sector Marshal / Team Leader	Yes / No	Start / Finish	Yes / No
Cycle Marshal	Yes / No	Drink Stations	Yes / No
Course Marshal	Yes / No	Pre-race day tasks	Yes / No
<b>Marshal Briefings at The County Ground Lifestyle Centre</b>			
Please indicate which will session you will attend			
Monday 1 <sup>st</sup> October	17:30		19:30
Thursday 4 <sup>th</sup> October	17:30		19:30

Please return this form to:

Swindon Half Marathon  
 County Ground Lifestyle Centre  
 Arkell Stand  
 S.T.F.C  
 County Road  
 Swindon SN1 2EE

Alternatively you can download a volunteer form from the website [www.swindonhalfmarathon.co.uk](http://www.swindonhalfmarathon.co.uk) and email the completed form to us at [swindonhalfmarathon@swindon.gov.uk](mailto:swindonhalfmarathon@swindon.gov.uk)

If you have friends / family who would like to be involved please ask them to contact us on 01793 511033 or at: [swindonhalfmarathon@swindon.gov.uk](mailto:swindonhalfmarathon@swindon.gov.uk)