

Registration will be held at 4-201- Service Rd. to Blair Rd.- Bldg. 4-201 is on the left.

TELECOMPIONEERS
L. H. KINNARD CHAPTER #7
37th ANNUAL SPORTS JAMBOREE
August 2-4, 2019

FOR OFFICE USE ONLY:
Received: _____
Amount \$: _____
Check #: _____

Volunteer Application (**ONE NAME PER FORM**)- **MUST BE RETURNED BY JULY 15, 2019 (in time to print in program)**

Tie-Dye T-Shirt: \$15 S to XL (to be included with application)
\$18 XXL & Above (to be included with application)

Quantity: SM MED LG XLG XXLG XXXLG

COMPLETE NAME: _____

PLEASE PRINT (Last) (First) (MI)
Male () Female () Adult () Child () Child's Age ()

HOME ADDRESS: _____
(Street)

(City/State/Zip) (Tel. #)

E-Mail: _____

CLUB: _____
REGULAR LIFE PIONEER PARTNER OTHER

ALL VOLUNTEERS WILL HAVE AN ASSIGNMENT - CHECK IN AT REGISTRATION. Every effort will be made to honor your *preferred job assignment* if your form is received by July 15, 2019.

MEALS REQUIRED: (PLEASE INDICATE X)

FRIDAY DINNER
SATURDAY BREAKFAST LUNCH DINNER
SUNDAY BREAKFAST LUNCH

ANY FOOD ALLERGIES? _____

LODGING REQUIRED AT GAP: (PLEASE INDICATE X)

(COMMITTEE MEMBERS ONLY): THURSDAY YES NO
(ALL VOLUNTEERS): FRIDAY YES NO SATURDAY YES NO

TO HELP DEFRAY BARRACKS CLEAN-UP EXPENSES - PLEASE REMIT \$5.00 WITH EACH APPLICATION.

ARRIVAL DATE: (PLEASE INDICATE APPROXIMATE TIME (AM/PM))

THURSDAY _____ (COMMITTEE MEMBERS ONLY)
FRIDAY _____ (ALL VOLUNTEERS)
SATURDAY _____
SUNDAY _____

VOLUNTEERING FOR: (SEE THE REVERSE FOR AVAILABLE JOBS)

1ST CHOICE _____
2ND CHOICE _____
3RD CHOICE _____

ANY PHYSICAL RESTRICTIONS: _____

RETURN FORM & MONEY TO:
TelecomPioneers #7 – c/o Arlene Heintzelman – 6312 Salem Park Circle, Mechanicsburg, PA 17050

JOBS AVAILABLE

CLEAN-UP

CONSTRUCTION

EQUIPMENT

EVENTS (GAMES)

FOOD STAND

HOST/HOUSTESS (AVAILABLE ALL WEEKEND)

KLOWNS

REGISTRATION

SECURITY

NO SKATEBOARDS, SCOOTERS OR PETS (except Service Dogs)

All volunteers **MUST REGISTER** upon arrival (Volunteers/Host/Hostess- Recreation Bldg.)

Supply your own bedding (sheets, pillows, blankets), soap and towels plus lock for your valuables **if staying in Barracks.**

Bunks taken apart must be re-assembled and put back in place.

NO ALCOHOLIC BEVERAGES OR SMOKING IN BARRACKS OR MESS HALLS.

DO NOT THROW TRASH OR CIGARETTE BUTTS ON GROUND.

Checkout time is **SUNDAY AT 9:00 A.M.**

Emergency Telephone Number: 717-861-2727 (Post Police)

MEDIA CONSENT AND RELEASE FORM

For valuable consideration, the receipt and adequacy of which I acknowledge, I irrevocably give to Telecom Pioneers, a Colorado non-profit corporation, its subsidiaries, affiliates, chapters, sponsoring companies, and any of their respective legal representatives, agents, licensees, permittees or assigns (collectively, "Pioneers"), the perpetual, worldwide, exclusive license, right and permission to copyright and/or trademark in the name of Pioneers and to use in any form or fashion, including, but not limited to, advertising, publicity, and all other purposes deemed appropriate by Pioneers, my name, signature, picture, image, likeness, voice, poses, plays, appearances, movements, or any other indicia of my identity or activity of any nature created, depicted, captured or recorded by or at the direction of Pioneers (collectively, "Materials") in or in connection with any and all media of any kind and nature now known or developed in the future (collectively "Media") including social media, for any purpose, in any manner, without further notification, authorization or compensation to me or anyone acting on my behalf.

I understand that Pioneers may use all Materials at its sole discretion and that I do not have any right to inspect or approve the use of the Materials in any Media. Pioneers may transfer all of the rights granted by this Media Consent and Release Form. I further waive, assign and release to Pioneers all rights associated with the Materials and release Pioneers from any liability associated with the Materials or Pioneers' use of the Materials in any Media.

I am over twenty-one (21) years of age and I have full legal capacity to grant this consent and release, and have read and understood the above consent and release prior to its execution. If I am under twenty-one (21) years of age, my parent or guardian attests that he or she has read and understands the above consent and release prior to execution, and agrees to such consent and release. This release is made on behalf of heirs, my executors, administrators, assigns and myself.

DATED THIS _____ DAY OF _____ YEAR **2019**

SIGNATURE _____

PRINTED NAME _____ WITNESS _____

DATE _____ **2019**

(The following consent must be signed, if the person signing above is under twenty-one years of age)

I, the undersigned, being the parent or guardian of the above person, do hereby consent to the above consent and release.

PARENT OR GUARDIAN _____

SIGNATURE _____