

ACTRA EVENT VOLUNTEER RECOGNITION AWARD PROGRAM

Official Mileage Record

Membership Date: _____ NAME: _____

ADDRESS: _____

EVENT:

Date - Yr.	I Name of	I Miles	I Job	I Managers Name	I Managers Signature
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Total Miles _____

Please use one sheet per 250 miles of Event Management Assistance.

Please make a copy of this form for your records and send this original to:

SEND TO: Lucy Rudge, Box 11, 1201 Station Rd, Scotch Village NS B0N 2G0

REQUIREMENTS:

1. Be a member of ACTRA and dues Paid.
 2. Will receive credit for only 1 event per day. & only for the highest mileage of the day.
 3. Will receive credit for each day of a multi - day event.
 4. Any Volunteer who serves as a _____ **OR** any Volunteer who works on the _____

M=Manager	D=Driver	SC= Scorer	W=Water Crew	C=Checker/Spotter Crew
S= Secretary	G=Go for	RC=Road Crosser	P= P&R Crew	RM=Refreshment/Meals Crew
R=Recorder	T=Timer	TM=Trail Marker/Master		
- H=Hold Supervisor **At any ACTRA sanctioned event.**

AWARDS:

1. 250 miles - ACTRA ball cap.
2. 500 miles - ACTRA t-shirt.
3. 1000 Miles - ACTRA sweatshirt.
4. Each additional 1000 miles - to be decided.