



Fun, Fitness, Friendship

REQUEST FOR PARTICIPANT INFORMATION

DATE OF REQUEST _____

Your Title: National Officer _____ Regional Director _____ Deputy Director _____

Region You Represent _____

NAME _____

PHONE _____

EMAIL _____

INFORMATION BEING REQUESTED _____

FOR WHICH REGION _____

FOR WHICH STATE(S) _____

PURPOSE _____

(Signature of person requesting the information)

For office use only-----

VERIFIED BY _____

(Name and Title)

APPROVED BY _____

Henry Rosales, AVA Executive Director

This information is being requested in accordance with the American Volkssport Association Privacy Policy.