

JSTC Committee Sign-Ups

Name: _____ E-mail address: _____

Phone Numbers: (H) _____ (M) _____

- I am interested in being a Chairperson for a committee.
- I am interested in being a member of a committee.

Please place a check next to the committee(s) you are interested in. If you have experience or skills that pertain to a committee, please indicate those skills at the bottom of the form.

- | | |
|---|--|
| <input type="checkbox"/> Apparel | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Beginner Clinics | <input type="checkbox"/> NJ State Triathlon |
| <input type="checkbox"/> Club Race | <input type="checkbox"/> Publicity, PR, Photographs |
| <input type="checkbox"/> Compliance Committee | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Expo | <input type="checkbox"/> Sponsorship – Website and Jerseys |
| <input type="checkbox"/> Meeting Coordinators | <input type="checkbox"/> Training |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Website |
