

Lifts for Charity Registration

Name: _____ PCA #: _____

Address: _____

Address: _____

Phone number: (day) _____ (eve) _____

E-mail address: _____

Car Model/Year: _____

Preferred Start Time* (circle one):

9am 10am 11am Noon 1pm 2pm (2 hrs. max) 3pm (1 hr. max)

Number of hours needed: _____

Amount of check (\$35/hour): \$ _____

Make check payable to PCA Potomac and mail to:

Scott Mayster

PCA Potomac Public Service Chair

5981 Valerian Ln.

Rockville, MD 20852

*If desired time is not available, you will be contacted to schedule a different time