

VOLUNTEER FORM

(THE FESTIVAL CANNOT BE A SUCCESS WITHOUT YOU)

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Set Up (Wed., Thurs., Fri.) | <input type="checkbox"/> Food Tent | <input type="checkbox"/> Then & Now |
| <input type="checkbox"/> Take Down (Sat., Mon.) | <input type="checkbox"/> Children Games | <input type="checkbox"/> Bake Sale |
| <input type="checkbox"/> Miscellaneous Food Tent | <input type="checkbox"/> Advertising | <input type="checkbox"/> Inflatables |
| <input type="checkbox"/> Donate Baked Goods | <input type="checkbox"/> Kitchen Help | <input type="checkbox"/> Food Sales |
| <input type="checkbox"/> 50/50 Ticket Sales | <input type="checkbox"/> Teen Workers | <input type="checkbox"/> Bingo |
| <input type="checkbox"/> Booth Sponsor Sales | <input type="checkbox"/> Instant Bingo | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Lemonade Tent | <input type="checkbox"/> Basket Raffle | |

Name: _____

Phone: _____