

VOLUNTEER GROUP CONTACT FORM



GROUP NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

HOME TELEPHONE: _____

MOBILE TELEPHONE: _____

E-MAIL: _____

APPROXIMATE NUMBER OF VOLUNTEERS: _____

IS YOUR GROUP AVAILABLE TO WORK REFRESHMENTS DURING THE WEEKENDS OF AUGUST AND SEPTEMBER, BEFORE THE START OF FRIGHT NIGHTS? _____

Please check one

PREFERENCE: HAUNTS REFRESHMENTS

WE WILL ATTEMPT TO ACCOMMODATE YOUR PREFERENCE, BUT STAFFING ISSUES MAY NOT MAKE IT POSSIBLE.

		Circle One		
AVAILABILITY:	Friday, October 2	Yes	No	Maybe
	Saturday, October 3	Yes	No	Maybe
	Friday, October 9	Yes	No	Maybe
	Saturday, October 10	Yes	No	Maybe
	Sunday, October 11	Yes	No	Maybe
	Friday, October 16	Yes	No	Maybe
	Saturday, October 17	Yes	No	Maybe
	Friday, October 23	Yes	No	Maybe
	Saturday, October 24	Yes	No	Maybe
	Friday, October 30	Yes	No	Maybe
	Saturday, October 31	Yes	No	Maybe

REPORT TIME WILL BE APPROXIMATELY 6:00 PM.
WE WILL CONTACT YOU IF YOUR GROUP IS SELECTED TO PARTICIPATE.