

VOLUNTEER GROUP CONTACT FORM



GROUP NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

HOME TELEPHONE: _____

MOBILE TELEPHONE: _____

E-MAIL: _____

APPROXIMATE NUMBER OF VOLUNTEERS: _____

PREFERENCE: Please check one HAUNTS REFRESHMENTS

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

AVAILABILITY:		Circle One		
		Yes	No	Maybe
Friday, September 30		Yes	No	Maybe
Saturday, October 1		Yes	No	Maybe
Friday, October 7		Yes	No	Maybe
Saturday, October 8		Yes	No	Maybe
Sunday, October 9		Yes	No	Maybe
Friday, October 14		Yes	No	Maybe
Saturday, October 15		Yes	No	Maybe
Friday, October 21		Yes	No	Maybe
Saturday, October 22		Yes	No	Maybe
Friday, October 28		Yes	No	Maybe
Saturday, October 29		Yes	No	Maybe

REPORT TIME WILL BE APPROXIMATELY 6:00 PM. WE WILL CONTACT YOU IF YOUR GROUP IS SELECTED TO PARTICIPATE. THIS IS NOT AN AGREEMENT OR PROMISE THAT YOUR GROUP WILL BE SELECTED.