

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. ALL PARTICIPANTS MUST WEAR DARK COLORED CLOTHING AND CLOSED TOE SHOES.

AVAILABILITY:		Circle One		
Saturday, September 22	Yes	No	Maybe	
Friday, September 28	Yes	No	Maybe	
Saturday, September 29	Yes	No	Maybe	
Friday, October 5	Yes	No	Maybe	
Saturday, October 6	Yes	No	Maybe	
Sunday, October 7	Yes	No	Maybe	
Friday, October 12	Yes	No	Maybe	
Saturday, October 13	Yes	No	Maybe	
Friday, October 19	Yes	No	Maybe	
Saturday, October 20	Yes	No	Maybe	
Friday, October 26	Yes	No	Maybe	
Saturday, October 27	Yes	No	Maybe	

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